

# ANNUAL PHYSICAL CONFIRMATION FORM

(To be completed by physician's office conducting physical)

**NOTE:** PLEASE DO NOT REVEAL ANY PROTECTED HEALTH INFORMATION ON THIS FORM. THIS FORM IS FOR CONFIRMATION PURPOSES ONLY THAT THE INDIVIDUAL LISTED RECEIVED AN AGE-APPROPRIATE PHYSICAL. PLEASE DO NOT ALTER THIS FORM IN ANY MANNER.

To: Franklin County Public Schools

From: \_\_\_\_\_  
Physician's Name and Practice (please print)

RE: \_\_\_\_\_  
Name of Employee or Spouse (please print)

If above named is a spouse of a Franklin County employee, please print employee's name:

\_\_\_\_\_  
The above named was seen in my office on \_\_\_\_\_ (DATE)  
to receive a physical. **All age-appropriate blood-work and tests were conducted for this physical.**

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

**\*PLEASE RETURN COMPLETED FORM TO CAREY BUMGARDNER \***

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information" as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services. (29 C.F.R. 1635.8(b)(1)(i)(B))