



**Preventive Care Campaign
Physician Attestation Form
SPOUSE**

Participant Name (Spouse): _____

Deadline to Submit: 01/02/2026

Employee Name: _____

My spouse's employer, **Goodwin University**, is sponsoring a voluntary wellness & health incentive program focusing on preventive care and supporting healthy lifestyles. One of the goals of the program is healthier lifestyles resulting in optimal health. In 2026, the program will reward an incentive for participation in preventive care to include a physical, ob/gyn exam, colonoscopy or mammogram.

I have participated in a preventive care physical which may include biometric testing deemed appropriate by my physician. My physician and I have discussed how my lifestyle choices may be linked to my current health state and how those choices can influence future health risks. We are working together towards an attainable health goal.

Participant Signature (Spouse) : _____ Date: _____

TO BE COMPLETED BY YOUR PHYSICIAN:

Physician's Name: _____

Practice Name: _____

Practice Address: _____

Date of Physical: _____

Recommended Frequency of Preventive Care Physicals:

☐ Every Year

☐ Every 3 Years

☐ Every 2 Years

☐ Other: _____

Physician's Signature: _____ Date: _____

The chart below is for informational purposes only. Please do not make any reference to the participant's own medical condition.

Informational Health Chart	Optimal	Increased Risk
Blood pressure	< 120/80	139/89
Blood sugar (fasting glucose)	70 – 100	126
Total Cholesterol	< 200	220
HDL Cholesterol	> 60	40
LDL Cholesterol	< 130	145
BMI:		
Female	< 28 %	32 %
Male	< 21 %	25 %
Tobacco Use	Tobacco Free	Tobacco Use

PLEASE RETURN THIS FORM TO HUMAN RESOURCES BY JANUARY 02, 2026

