



Optional Exam Verification Form

To be completed by 6/30/2024

Employer: **City of Cheyenne**

Employee Name: _____

Employee Verification:

This form is to verify compliance with a wellness program. As part of the wellness program, this form will need to be completed and returned to the City of Cheyenne Human Resources Office.

Exam Type: _____ Date: _____
(skin, dental, eye, etc.)

Patient Signature: _____ Date: _____

Provider Signature: _____ Date: _____

Clinic or Provider Address: _____

(please print or stamp)