ROCKWALL COUNTY
SPOUSAL ANNUAL PHYSICAL EXAM VERIFICATION FORM

Rockwall County employees and their spouses enrolled in the county health plan must complete their annual physical examination between October 1, 2026, and September 30, 2027. If this requirement is not met, a penalty of $50 will be applied to each paycheck for the year 2028. In cases where both the employee and spouse fail to complete the physical, a surcharge of $100 will be imposed per paycheck.

IMPORTANT NOTES:

- No Protected Health Information (PHI) and no results of any biometric screening (lab results) shall be included on or attached to this form. While annual physical exams often include blood pressure, cholesterol, glucose and/or body mass index checks, currently, no specific test results are required.

- To receive credit for completion the annual physical exam must be completed between October 1, 2026, and September 30, 2027. This form must be submitted by September 30, 2027.

TO BE COMPLETED BY EMPLOYEE:

Spouse's Name (PRINTED): _____

Employee Name (PRINTED): _____

By my signature below, I authorize my physician to verify that I have completed an annual physical exam at my physician's office on the date indicated below:

Spouse Signature:_____Date: _____

TO BE COMPLETED BY PHYSICIAN:

I certify the above-named patient has completed an annual physical exam at my office on the following date:

Date of Annual Physical Exam: _____

Name of Physician (PRINTED): _____

Address: _____

City:_____State:_____Zip Code:_____Office Phone: _____

Physician Signature:_____Date: _____

Return this form to Rockwall County Human Resources by September 30, 2027