



ADVANCED
RECOVERY
SYSTEMS

Annual Preventive Physical Exam Certification Form

Dear Physician,

Your patient is participating in the ARS Wellness Program as an employee of Advanced Recovery Systems. As such, employees are required to have an annual preventive physical exam. Please complete the physician section below as confirmation that the exam was performed.

This section to be completed by the patient	
Patient Name (please print)	
Patient Date of Birth	
Last 4 digits of SSN (required)	
Patient Telephone Number	

This section to be completed by the physician	
Physician Name (please print)	
Date of Annual Physical	
Physician Signature	
Physician Telephone Number	

Please return the signed form to your patient.

Email completed/signed forms to Human Resources at:

HRHelpdesk@advancedrecoveryystems.com.