



2026 Annual Wellness

Employee Name: _____ Last 4 of SS#: _____

For Use: January 1, 2026 – December 31, 2026

Employee ID#: _____

Step 1: Complete Annual Age Appropriate Physical and Bloodwork (annual requirement)

Step 2: Attending physician must complete and sign in the Medical provider section

Step 3: Turn in the completed form by email to HR@burlesontx.com or fax to 817-426-0481

Medical provider to complete the following:

Provider Name:	Provider Phone Number:
Provider Address:	
Age appropriate annual physical Date of physical: _____	
Bloodwork required - ordered as part of physical? Test results are not required to be sent	
<input type="checkbox"/> NO <input type="checkbox"/> YES	
Provider Representative Signature:	
Employee Signature:	Date:

For questions call (817) 426-9642 or email HR@burlesontx.com