



Milwaukee County Health Matters Wellness Program
Preventive Exam Form

Please use the drop-down box to choose which visit you are submitting for.

This form must be submitted no later than November 30th!

Employee Name:

Clock #

Date of Visit:

Visit Type:

Doctor's Signature:

Employee's Signature:

Email completed Form to the Wellness Program Administrator at:

wellness@milwaukeecountywi.gov

Fax: 414-223-1379

To verify this form has been received, log onto your Wellness Portal at:

www.workforcehealth.org/mkecounty. Please note, it may take 4-6 weeks to post to your account.

Questions? Contact the Wellness Program Administrator

wellness@milwaukeecountywi.gov