



## MASON COUNTY ANNUAL PHYSICAL EXAMINATION VERIFICATION

*I hereby certify that \_\_\_\_\_, presented at my office on \_\_\_\_\_, 202\_\_\_\_ and was provided with an annual physical examination.*

.....  
**Provider Signature:**\_\_\_\_\_

**Printed Name:**\_\_\_\_\_

**Date Signed:**\_\_\_\_\_

**Provider Name:**\_\_\_\_\_

**Address of Provider:**\_\_\_\_\_

**Phone Number of Provider:**\_\_\_\_\_

**Employee Signature:**\_\_\_\_\_

Please return this document upon completion to Ayla Reyes at the Mason County Courthouse