WELLNESS SCREENING VERIFICATION

Grayson County has implemented a Wellness Program to encourage employees and their covered spouses to live healthier lives by actively engaging with a health care provider and utilizing the preventative services available in the County's health care benefit program. Employees and spouses who are enrolled in the County's health care benefit plan must submit to an annual wellness screening in order to avoid a Wellness Surcharge.

TO BE COMPLETED BY EMPLOYEE/SPOUSE:
Please include employee name on all forms.

Employee Name (PRINTED): _____ DATE OF BIRTH: _____

Spouse Name (PRINTED): _____ DATE OF BIRTH: _____

By my signature below, I affirm that I have received, read and understand the Wellness Screening Program and I authorize my physician to verify that I have completed an exam with at my physician's office on the date indicated below:

Signature of Examinee: _____ Date: _____

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.
- To receive credit for completion, the wellness exam must be completed between 11/1/2016 – 10/16/2017. This form must be submitted by 10/16/2017.
- While wellness exams often include blood pressure, cholesterol, glucose and/or body mass index checks, at this time, no specific tests are required.

TO BE COMPLETED BY PHYSICIAN:

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

Name of Physician (PRINTED): _____
Address: _____
City: _____ State: _____ Zip Code: _____ Office Phone: _____

Physician Signature: _____ Date: _____

For HR use only:

Date Submitted: _____ Received by: _____ Benefit year: _____