Yuma County Wellness Program
Age Related Physical Exam
Acknowledgment Form

Employee Name (Print):	
Employee #:	
Physician Name:	
Date of Exam:	

Dear Employee:

Completing an age-related physical exam is one of the three requirements needed in order for you to receive your yearly wellness incentive. Please return this completed form to the Human Resources Benefits Department.

Dear Physician:

At Yuma County, we value the health and wellbeing of our employees. In addition to one free wellness exam each year, we provide a number of other resources to promote their wellness, including access to Blue Cross Blue Shield health coaches, condition management programs (diabetes, asthma, cardiovascular, COPD, arthritis, low back pain, and depression), healthy living programs, lunch and learns, wellness activity events, Employee Assistance Plan, and other preventative benefits.

Those employees who complete a health risk assessment, biometric screening, and a wellness exam are eligible to receive a reduction in their premiums, have additional funds for their Flexible Spending Account (FSA), or receive an additional deposit into their Health Savings Account (HSA). By signing this form you are verifying that the employee has completed the wellness exam which may include age related wellness tests and/or specified clinical screenings.

Please support our efforts in supporting the health and wellbeing of our employee by communicating the results of tests and screenings, the importance of preventative health, and controlling risk factors. We hope our employee will feel more informed about their health; learn which results are out of acceptable range; and the steps they can take to improve their health over time.

★ **I attest that the above named patient has received an annual wellness exam. The exam may or may not have included age related tests or specified clinical screenings.**

_____	_____	_____
Physician Signature	Date	Phone #
_____	_____	_____
Member Signature	Date	Phone #

Please call with any questions or concerns regarding this process to the Yuma County Benefit Department at 928-373-1165. You may also fax this form to our secure fax at 928-373-1089.

Benefits use only

Date Received	By:	Health Risk Assessment Date:	Biometric Screening Date:	Notes: