



2017
Annual Exam Verification Form
Verified by WELCOAZ

Instructions:

- To earn your HSA Contribution or Premium Reduction (non HSA eligible) and Wellness Points you and/or your qualified Spouse/Domestic Partner will need to complete an Annual Exam in 2017.
- Please have your Physician complete and sign if you have received any of the below applicable exams.
- Submit this form by email to wellness@aura-astronomy.org.
- Print clearly and keep a copy of all forms for your own records.

TO BE FILLED OUT BY PARTICIPANT:

PARTICIPANT FIRST NAME		PARTICIPANT LAST NAME	
EMPLOYEE NAME		EMPLOYEE LOCATION	
		<input type="checkbox"/> Tucson <input type="checkbox"/> Kitt Peak <input type="checkbox"/> Boulder <input type="checkbox"/> Sunspot	
PARTICIPANT GENDER	DATE OF BIRTH (mm/dd/yyyy)	PARTICIPANT STATUS	
<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Employee <input type="checkbox"/> Spouse / Domestic Partner	
PHONE NUMBER	EMAIL		

Authorization to Release Medical Information

I do hereby authorize the release of the following personal health information to the Wellness Council of Arizona for the purpose of confirming eligibility to receive my incentive.

Participant Signature

Date

Your personal health information, or PHI, is protected under the federal Health Insurance Portability and Accountability Act of 1996, or HIPAA, and will be kept secure by the Wellness Council of Arizona. The Wellness Council will notify your employer when you have completed this component satisfactorily. Your employer will not have access to your legally protected PHI. The Wellness Council will act as the confidential record keeper of the wellness incentive program on behalf of your employer.

TO BE FILLED OUT BY THE PHYSICIAN OR HEALTHCARE PROVIDER

Exam	EXAM DATE	PHYSICIAN SIGNATURE & DATE
<input type="checkbox"/> Annual Physical Exam/ Well Check Date		
<input type="checkbox"/> Dental Exam		
<input type="checkbox"/> Men: Prostate Cancer Screening (age 50 and older)		
<input type="checkbox"/> Women: Pap Test		
<input type="checkbox"/> Women: Mammogram (age 40 and older, every 1-2 years)		
<input type="checkbox"/> Colonoscopy (age 50 and older, every 10 years)		

To be completed by WELCOAZ Staff:			
Date Received	Date Confirmed	Date Entered	Date Complete
Notes			