

2019 Employee Wellbeing Program Age/Gender Appropriate Screening Form (200 points, limit 400 points)

Employee or Employee's Spouse Full Name: _____

Instructions: Please have your physician complete the appropriate section indicating the date that the health screening was completed. Your physician may certify that you have already had a recommended medical screening as long as the exam was completed between January 1, 2019 and December 31, 2019 and you were enrolled on the Paterson Public School plan at that time. Eligible screenings include Pap, Mammogram, Prostrate Screening, Colonoscopy or Fecal Occult Blood Test, Dermatological or Dental.

Please do NOT include any personal medical information when this form is submitted.

This Age/Gender Appropriate Screenings Form confirms that the individual named above received an annual wellness screening between January 1, 2019 and December 31, 2019.

DATE COMPLETED:	Type of Screening: _____
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Physician Signature

Physician Name Printed

Employee/Employee Spouse Signature

Physician Stamp:

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives our information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements.

Forms should be completed and sent to ppswellbeing@cbiz.com no later than January 31, 2020. Points Award Distribution to be made December, 2019 for submissions received by November 30, and February, 2020 if submitted by January 31, 2020.