

2019 Employee Wellness Program Annual Vision Exam Form (100 points)

Employee or Employee's Spouse Full Name: _____

Instructions: Please have your vision care provider complete the appropriate section indicating the date that your vision exam was completed. Your physician may certify that you have already had a recommended vision exam 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 when it was performed.

Please do NOT include any personal medical information.

This Annual Vision Exam Form confirms that the individual named above received an annual wellness exam between January 1, 2019 and December 31, 2019.

DATE COMPLETED:	_____ Vision Exam
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Vision Care Provider Signature

Vision Care Provider Name Printed

Employee/Employee Spouse Signature

Vision Care Provider 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.