Tech "Employee" Name: Last, First, MI	(print please)	Tech Campus Location

## **HEALTH SCREENING VERIFICATION FORM**

ate	Employee ID#:	Employee Work E-mail	Phone:
emplo diseas compl below	oyees. Health screenings are an invaluable se. To encourage its employees to particip plete the health maintenance screenings li v should receive the TTUHSC incentive be	TTUHSC") is committed to maintaining and in e tool for encouraging healthy behaviors and pate in health screenings, TTUHSC is offering sted below. This form is being used by TTUH cause he/she participated in the screenings.	supporting early detection of chronic an incentive to those individuals who SC only to verify that the individual listed
	ī	OO NOT INCLUDE SCREENING RESULTS.	
	Health Maintenance (Check and Enter of	date completed)	Date
	☐ Blood Pressure		
	☐ Total Cholesterol, HDL, LDL, ar	nd Triglycerides	
	☐ Glucose or HbA1c		
	☐ Height, Weight and Body Mass	s Index	
	Healthcare Provider Signature	Date Signed	
By sign	ning below, I hereby give permission for my he	ealthcare provider to confirm that I have received	the health maintenance tests listed above.
Patien	nt Name:	Patient Signature:	Date:

\*Eligible employees may receive the health screening incentive one time per fiscal year (Sep 1-Aug 31). <u>Verification forms</u> need to be delivered to address below for incentive and hours need to be used before **August 31** of the fiscal year.

**Workforce Overall Wellness Program**, 3601 4<sup>th</sup> Street STOP 8100, Lubbock, Texas, 79430-8100 Or e-mail completed form to: <a href="mailto:allison.kerin@ttuhsc.edu">allison.kerin@ttuhsc.edu</a>
Forms may be faxed to: 806.743.2882