



**SHARON R. BOCK**  
 Clerk & Comptroller  
 Palm Beach County



## Wellness Rewards Employee Attestation Form 2019 Wellness Program

This form will be accepted only when an employee's attempt to have the *Physician Certification Form* submitted directly by their doctor has been unsuccessful.

***Please fax this form to 561-656-7392 by October 1, 2019***

Screenings must be complete by September 30, 2019.

Employee Name: \_\_\_\_\_  
Please Print

Physician Name: \_\_\_\_\_  
Please Print

Appointment Date/Time: \_\_\_\_\_

Submit only one screening reimbursement per attestation form

√	Please indicate with a "√" the completion of the following Wellness Goal(s)
	Physical (including biometric screening: full lipid profile, glucose, blood pressure, body mass index, waist circumference)
	Well Woman Visit
	Breast Cancer Screening (Mammogram/Ultrasound)
	Colorectal Cancer Screening (Colonoscopy)
	Skin Cancer Screening (Dermatological Exam)
	Prostate Cancer Screening (PSA)
	Oral Health Exam / Dental Cleaning
	Vision Exam by an Optometrist or Ophthalmologist

By my signature below, I attest that the screening indicated above was completed between October 1, 2018, and September 30, 2019. I attest that my attempt to have the *Physician Certification Form* sent directly from my physician has been unsuccessful. I understand and acknowledge that fraudulent statements, misrepresentation, or incorrect information submitted may result in the rescission of any and all Wellness Rewards.

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**