

## WELLNESS SCREENING VERIFICATION

Bastrop County has implemented a Wellness Program to encourage employees to live healthier lives by actively engaging with a health care provider and utilizing the preventative services available in the County's health benefit program. Employees who are enrolled in the County's medical benefit plan must complete an annual wellness screening between 10/1/2024 – 9/30/2025 in order to receive the wellness rewards – a personal day.

### TO BE COMPLETED BY EMPLOYEE:

Full Name (PRINTED): \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

By my signature below, I affirm that I have received, read and understand the Wellness Screening Program and I authorize my physician to verify that I have completed a wellness exam with biometrics provided at my physician's office on the date indicated below:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### IMPORTANT NOTES:

- No Protected Health Information (PHI) and no results of any biometric screening (lab results) shall be included on or attached to this form.
- To receive credit for completion, the wellness exam must be completed between 10/1/2024 – 9/30/2025. This form can be submitted by 9/30/2025 one of the following ways:
  1. Email: [chelse.peterson@co.bastrop.tx.us](mailto:chelse.peterson@co.bastrop.tx.us)
  2. Drop Off: Human Resources Office
- While wellness exams often include blood pressure, cholesterol, glucose and/or body mass index checks, at this time, no specific tests are required.

### TO BE COMPLETED BY PHYSICIAN:

I certify the above named patient has completed an Annual Exam/Wellness Exam with biometrics at my office on the following date: \_\_\_\_\_

Name of Physician (PRINTED): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Return this form before 9/30/2025*