

IU "Employee" Name: Last, First, MI (please print)

Campus Address
(Campus/Bldg/Room#)

HEALTH SCREENING VERIFICATION FORM

Date _____ Employee ID #: _____ Employee Work E-mail _____ Phone: _____

Indiana University ("IU") is committed to maintaining and improving the health and well-being of its employees. Health screenings are an invaluable tool for encouraging healthy behaviors and supporting early detection of chronic disease. To encourage its employees and their domestic partners/spouses to participate in health screenings, IU is offering an incentive to those individuals who complete the health maintenance screenings listed below. This form is being used by IU only to verify that the individual listed below should receive the IU incentive because s/he participated in the screenings. **Screening results should NOT be included on this form.** As the healthcare provider, please complete the information below.

DO NOT INCLUDE SCREENING RESULTS.

Health Maintenance (Enter date, or <input checked="" type="checkbox"/> if done today)	Date
<input type="checkbox"/> Blood Pressure	
<input type="checkbox"/> Total Cholesterol, HDL, LDL and Triglycerides	
<input type="checkbox"/> Glucose or HbA1c	
<input type="checkbox"/> Height, Weight and Body Mass Index	

Healthcare Provider Signature _____ Date Signed _____

By signing below, I hereby give permission for my healthcare provider to confirm that I have received the health maintenance tests listed above.

Patient Name: _____ Employee Domestic Partner/Spouse

Patient Signature _____ Date Signed _____

**To receive the incentive, Employee needs to return the completed document to:

Healthy IU, Indiana University, 980 Indiana Avenue, Lockefield Village, Room 4445, Indianapolis, IN 46202 (IN-LV4445)
Or e-mail completed form to: healthyu@indiana.edu Forms may be faxed to 317-274-5285