



Auglaize County Physician Certification Form

Auglaize County recognizes the importance of choosing a healthy life style and has implemented a wellness program designed to encourage employees to make positive health choices. A component of the program encourages employees to complete age appropriate physical exams and screenings.

Preventive Screening/Age Appropriate Health Screening

*The program recognizes that various age groups require physical exams and screenings at different intervals. Therefore, **this form certifies that the employee, or covered dependent, listed below is current for 2018, for all age appropriate physical exams and screenings.***

Employee Name: _____

Patient Name: _____

The above patient has completed a preventative Screening/Age Appropriate Health Screening.

Health Care Provider Signature: _____

Clinic or Practice Name: _____

Date: _____

Phone: _____

IMPORTANT! EMPLOYEE INFORMATION RELEASE

By signing this form, I certify that I am voluntarily providing this information to appeal or supplement eligibility for Health Savings Account contributions that are available to me on a voluntary basis. I understand that information provided on this form is considered Protected Health Information (PHI) and thus protected under the provisions of HIPAA. I understand that by submitting this form, I authorize my healthcare professional and Gallagher Benefit Services to document this information specifically for the purpose of Health Savings Account contributions. In addition, I have discussed my health risk factors with my healthcare provider and agree to follow the recommended treatment plan.

PATIENT SIGNATURE

DATE

***Providers or Employees may submit this form via fax to (419) 739-6711
or via mail to: AUGLAIZE COUNTY- ATTN: Wellness – 209 S Blackhoof St., Room 201, Wapakoneta, OH 45895***