



## 2016 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 listed below is current for 2016, for all age appropriate physical exams and screenings.***

**Employee Name:** \_\_\_\_\_

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

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**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.

EMPLOYEE SIGNATURE DATE

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 #201, Wapakoneta, OH 45895**