



# Auglaize County Physician Certification Form

**Deadline: June 30, 2024 – Turn into the Commissioners' Office**

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, has completed an age appropriate exam or screening for the year 2024.*

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

**Patient 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.

**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*