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CHAMBERS COUNTY WELLNESS PROGRAM “The Healthy Weigh of Life” AFFIDAVIT OF COMPLETED WELLNESS ACTIVITY

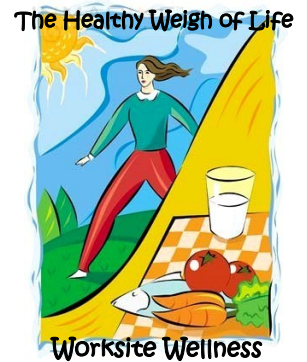
Note to Physician or Health Care Provider: Due to the nature of our wellness program please initial the first box that states “checked”, check marks are not acceptable. Then circle yes or no to determine whether the patient is in the healthy range of the test. Points available are listed next to each screening.

Health Care Provider <u>Initials</u> Required Below					
	Checked	Healthy		Checked	Healthy
Comprehensive Physical (50)		*****	Male: Prostate Exam/PSA (15)		*****
Weight (10)		Yes/No	Breast Exam or Mammogram (15)		*****
Diabetes Screening (fasting glucose) (10)		Yes/No	Colorectal Cancer Screening (stool for occult blood, or colonoscopy) (15)		*****
Blood Pressure (10)		Yes/No	Cervical Cancer Screening (15)		*****
Total Cholesterol (5)		Yes/No	Bone Density Screening (15)		*****
LDL (5)		Yes/No	Pulmonary Function Screening (15)		*****
Triglycerides (5)		Yes/No	Skin Cancer Screening (15)		*****
HDL (5)		Yes/No	EKG (15)		*****
Fitness/Health Professional <u>Initials</u> Required Below					
Flexibility Testing (Sit & Reach, etc.) (10)		*****	Body Composition (% Body Fat) (10)		*****
Muscular Strength (10)		*****	Body Mass Index (10)		Yes/No
		*****	Muscular Endurance (10)		*****
Dentist			Optometrist/Ophthalmologist		
Dental Cleaning/Exam (15)		*****	Eye Exam (15)		*****
Employee <u>Initials</u> Required Below					
Non-Smoker or User of Tobacco Products (Witness signature required below).			_____ I do <u>not</u> use tobacco products.		

I have read the Wellness Program Reimbursement Procedures and Requirements. I hereby certify that I have fulfilled the Wellness Program individual items requirements for reimbursement for the activity (or activities) noted above. I understand that I can submit an affidavit form for each activity completed or for more than one activity at a time.

Employee Signature	Date	Signature of Physician, Witness, Therapist or Instructor
Printed Name of Employee	Department	Printed Name of Physician, Witness, Therapist or Instructor
Phone #	Address & Ph# of Physician, Witness, Therapist or Instructor	
Employee E-mail address: _____ (for Wellness communications only)		

Note to Participant: Please retain a copy of this document for your records before sending the original to the Wellness Center. Also, for your convenience, we can accept forms faxed directly from the healthcare provider's office with either a business header from the fax machine or other proof of origin. Proof of Activity: This form completed by your physician, a copy of paid receipt (showing testing), copy of insurance claim (showing testing).



**“The Healthy Weigh of Life”
Chambers County Employee Wellness Program**

A Letter to Healthcare Providers

Dear Healthcare Provider:

This letter is a brief explanation of “The Healthy Weigh of Life” program’s reimbursement for participating Chambers County employees and active retirees. Our employee wellness program uses an affidavit form to credit participants with preventive health checks each year. The “Comprehensive Annual Exam” would include such things as the face-to-face meeting with the patient, discussing health history and current concerns, listening to heart and respiration sounds, palpation of abdominal area, palpation of throat, testing for reflexes, etc. The blood pressure testing, prostate screening, mammography, lab test (blood work), skin and colorectal cancer screenings, etc., are in addition to what we are identifying as the *Comprehensive Physical Exam*. **These tests will earn additional wellness points for employees; however, it is purely the healthcare provider’s decision as to the necessity of these tests.**

The “The Healthy Weigh of Life” program staff understands that there are specific recommended protocols for the frequency of health screening tests. **The program participants do receive a monetary reimbursement for having these screenings performed; however, that is not the only way that they can earn points for reimbursement.** We are recommending that they engage in regular physical exercise, take pro-active steps in managing stress (by having massages now and then), participate in educational activities which will help them make healthy choices in nutrition, fitness and many other wellness activities. For these activities they may also earn wellness points.

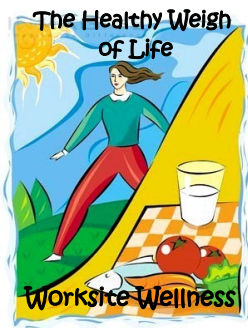
We greatly appreciate your willingness to complete the affidavit form with your signature and your initials by each of the items tested. We encourage an ongoing relationship between our employees and their medical provider, and in doing such encourage healthy values for their screening tests. If the participant’s values are outside of the normal range for the following screenings, they will not receive wellness points for that activity until their values are within normal range. These include (Weight, Blood Pressure, Total Cholesterol, LDL, Triglycerides, HDL, and Body Mass Index).

Please understand that we are not making any recommendations that the screening tests listed on the affidavit should be performed on all participants. It is solely up to you and that patient as to what tests are appropriate.

Please feel free to contact the “The Healthy Weigh of Life” offices with any questions, comments or concerns. The telephone numbers are (409) 267-3160 (Wellness Center); (409) 267-2454 (County Treasurer’s Office).

Sincerely,

“The Healthy Weigh of Life” Wellness Committee



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CHAMBERS COUNTY WELLNESS PROGRAM "THE HEALTHY WEIGH OF LIFE" AFFIDAVIT OF COMPLETED WELLNESS ACTIVITY

Note to Staff/Instructor - Due to the nature of our wellness program, we ask that you please sign and fill out the information below. **Thanks!**

ALL AFFIDAVITS ARE DUE IN THE WELLNESS CENTER WITHIN THIRTY (30) DAYS OF THE COMPLETED ACTIVITY.

Stress Management Activities

Live Session (Limit of 3 per contract year)
(includes Message Therapy—refer to page 4, section 6)
An affidavit is only required for Non-County Sponsored Activities.
Sign In Sheets for County Classes are used in place of affidavits.

Session Name and Date
Class Instructor Must Sign Below

Video or Book (Limit of 3)
To receive wellness points for videos/books, fill out the fact table below.

Title of Video/Book and Date Completed

Wellness Activities

Live Class
An affidavit is only required for Non-County Sponsored Activities.
Sign In Sheets for County Classes are used in place of affidavits.
Why Weight Program—guest speakers

Class Name and Date
Class Instructor Must Sign Below

Video or Book (Limit of 3)
To receive wellness points for videos/books, fill out the fact table below.

Title of Video/Book and Date Completed

Participation in a Wellness Focus Activity
Witness signature required below.

Focus Activity Name and Date

Video/Book Fact Table

Employees must list four facts learned from the video/book to receive credit.

1.	2.
3.	4.

I have read the Wellness Program Reimbursement Procedures and Requirements. I hereby certify that I have fulfilled the Wellness Program individual items requirements for reimbursement for the activity (or activities) noted above. I understand that I can submit an affidavit form for each activity completed or for more than one activity at a time.

Employee Signature

Date

Signature of Witness, Staff, Therapist or Instructor

Printed Name of Employee

Department

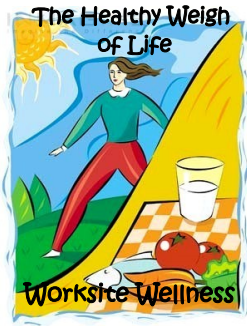
Printed Name of Witness, Staff, Therapist or Instructor

Phone #

Address & Ph# of Witness, Staff, Therapist or Instructor

Employee E-mail address: _____ (for Wellness communications only)

Note to Participant: Please retain a copy of this document for your records before sending the original to the Wellness Center. Also, for your convenience, we can accept forms faxed directly from the healthcare provider's office with either a business header from the fax machine or other proof of origin Proof of Activity: This form completed by your physician, a copy of paid receipt (showing testing), copy of insurance claim (showing testing)



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CHAMBERS COUNTY WELLNESS PROGRAM "THE HEALTHY WEIGH OF LIFE" AFFIDAVIT OF COMPLETED WELLNESS ACTIVITY For Health Fair Participation

Note to Health Fair Worker - Employees of Chambers County are participating in a wellness reimbursement program where they earn points for participating in health related events. This form is used for health fair related screenings. The form does not include the acceptable healthy ranges for cholesterol, blood pressure etc. since we rely on your knowledge of the healthy ranges for participants. If your health fair includes screenings not listed, please use the blanks. Due to the nature of our wellness program, we do ask that you please initial responses & sign below—check-marks are not acceptable. Please initial "yes" when values are within healthy ranges. *Thanks!*

ALL AFFIDAVITS ARE DUE IN THE WELLNESS CENTER WITHIN THIRTY (30) DAYS OF THE COMPLETED ACTIVITY.

Health Fair Workers Initials Required Below					
Weight		Yes/No	Cholesterol Level		Yes/No
Blood Pressure		Yes/No	Glucose Level		Yes/No
OTHER SCREENINGS or BOOTH VISITED:					
Booth Name/ Sponsor		Presenter Initials	Booth Name/ Sponsor		Presenter Initials

I have read the Wellness Program Reimbursement Procedures and Requirements. I hereby certify that I have fulfilled the Wellness Program individual items requirements for reimbursement for the activity (or activities) noted above. I understand that I can submit an affidavit form for each activity completed or for more than one activity at a time.

Employee Signature	Date	Signature of Health Fair Worker
Printed Name of Employee	Department	Printed Name of Health Fair Worker
Phone #	Location and/or Phone # of Health Fair	

Employee E-mail address: _____ (for Wellness communications only)

Note to Participant: Points for health fair participation shall be no more than 15 points and final value will be determined by level of individual participation as reviewed by the Chambers County Wellness Reimbursement Program Committee (*ie.—Full points (15) will not be earned for just having one screening*). It will be helpful to the committee if you can attach a promotional flier to you signed affidavit. **Participants may receive credit for up to four (4) health fairs per contract period.**

Please retain a copy of this document for your records before sending the original to the Wellness Center.
Proof of Activity: This form completed by your physician, a copy of paid receipt (showing testing), copy of insurance claim (showing testing)