

HEALTH SCREENING VERIFICATION FORM

[Healthy IU](#) is committed to maintaining the health and wellbeing of its employees. [Health screenings](#) are an invaluable tool to encourage healthy behaviors and support early detection of chronic disease. This form is only being used to verify that the individual listed should receive the IU incentive because they participated in the screenings.

Section 1: To be completed by eligible employee

In order to process your incentive, forms must be legible and complete.

IU Employee Name: _____ **IU Campus:** _____
Last, First, MI IUPUI/IUB/IUS/IE/IUFW/IUK/IUPUC/IUN/IUSB

Employee ID #: _____ **Employee Work E-mail:** _____ **Phone:** _____
Find ID# on one.iu.edu – “Employee Center” @IU.EDU

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

Patient Name (Print): _____ **IU Employee** **Spouse**

Patient Signature: _____ **Date Signed** _____

Section 2: To be completed by Healthcare Provider

<p style="margin: 0;"><u>Screening results should NOT be included on this form. Record date(s) only.</u></p>	Blood Pressure	Date Completed: MM / DD / YY
	Total Cholesterol, HDL, LDL, & Triglycerides	Date Completed: MM / DD / YY
	Glucose or HbA1c	Date Completed: MM / DD / YY
	Height, Weight, & Body Mass Index (BMI)	Date Completed: MM / DD / YY

Healthcare Provider Signature (Required**):** _____ **Date Signed:** _____

A healthcare provider must sign the form to qualify for the incentive.

*Eligible employees and spouses may receive the health screening incentive **once per fiscal year (starting July 1)**. Please allow up to 60 days for incentive processing.

It is the employee’s responsibility to review their paycheck for receipt of incentive within 90 days; otherwise, the incentive offer will be void.

How to Submit: Employee should scan and email this completed form **by the last Friday of May for the current fiscal year** to healthyu@indiana.edu to receive the incentive. (Healthcare providers may fax to 317-274-5285. Cover sheet not necessary.) Please do not send duplicates or EOBs.