HEALTH SCREENING VERIFICATION FORM

Healthy IU is committed to maintaining the health and well-being 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: ____________________________________________

Last, First, MI

IU Campus: ___________________________

IUPUI/IUB/IUS/IUE/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

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.

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