

IU Employee Name: Last, First, MI (please print legibly)

Campus  
(IU Campus/Bldg/Room#)

### HEALTH SCREENING VERIFICATION FORM

Date \_\_\_\_\_ Employee ID #: \_\_\_\_\_ Employee Work E-mail \_\_\_\_\_ Phone: \_\_\_\_\_

Indiana University ("IU") is committed to maintaining and improving the health and well-being of its employees. Health screenings are an invaluable tool for encouraging healthy behaviors and supporting early detection of chronic disease. To encourage its employees and their spouses to participate in health screenings, IU is offering an incentive to those individuals who complete the health maintenance screenings listed below. This form is being used by IU only to verify that the individual listed below should receive the IU incentive because s/he participated in the screenings. **Screening results should NOT be included on this form.** As the healthcare provider, please complete the information below.

**DO NOT INCLUDE SCREENING RESULTS.**

Health Maintenance (Enter date, or <input type="checkbox"/> if done today)	Date
<input type="checkbox"/> Blood Pressure	
<input type="checkbox"/> Total Cholesterol, HDL, LDL, and Triglycerides	
<input type="checkbox"/> Glucose or HbA1c	
<input type="checkbox"/> Height, Weight, and Body Mass Index	

Healthcare Provider Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

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

Patient Name: \_\_\_\_\_  Employee  Spouse

Patient Signature: \_\_\_\_\_ Date Signed \_\_\_\_\_

\*Eligible employees and spouses may receive the health screening incentive **once per fiscal year**. Due to payroll cycles, please allow up to 60 days for incentive processing. **To ensure your incentive is processed in a timely manner, please write legibly and check completion prior to sending – Thank you!**

Please scan and email your verification form **before June 9** to [healthyu@indiana.edu](mailto:healthyu@indiana.edu) to receive the incentive. If you do not have access to email, you may fax to 317-274-5285 or mail your completed form to: **Healthy IU**, Indiana University, 980 Indiana Avenue, Lockefield Village, Room 4445, Indianapolis, IN 46202 (IN-LV4445)