

Completed Health Risk Assessment and Physician's Certification of Routine Physical Exam Affidavit

To qualify for the Health and Human Services (HHS) eight-hour wellness leave incentive an employee must complete a health risk assessment (HRA) and receive a physical examination. You must complete, sign and have your physician sign this form. After viewing this documentation, the supervisor will return this form to you.

Note: *The supervisor must not request any medical information from the employee. Prior approval from your supervisor is required in order to schedule and use your wellness emergency leave.*

Employee Information

Employee Name: _____

Health Risk Assessment Certification

This is to certify that I have completed a Health Risk Assessment.

Health Insurance Provider: _____ Date: ____ / ____ / ____

I affirm to the best of my knowledge that the above information is true and correct.

Employee Signature: _____ Date: ____ / ____ / ____

Physician's Certification of Routine Physical Exam

Patient Name: _____ Exam Date: ____ / ____ / ____

Physician's Office/Clinic Stamp and Signature

I authorize _____ (physician's name) to release the dates of my routine physical exam, as specified on this form for HHSC wellness program use.

Employee Signature: _____ Date: ____ / ____ / ____

Supervisor Approval

Supervisor Signature: _____ Date Awarded: ____ / ____ / ____

Wellness leave expires one year after date awarded. Your leave expires on: ____ / ____ / ____

EMPLOYEES: PLEASE KEEP THIS DOCUMENT FOR PERSONAL RECORDS