

Application and Attestation for Wellness Time Off

Please complete an attestation that you fulfilled the requirements. The submission of this form is not an automatic process, note that *processing time may vary based on review of your **Application and Attestation for Wellness Time Off** form*. Once eligible, the time off will show up in Workday *the month after the receipt of documentation that you have met both requirements*.

Preventative care plans include **but are not limited to** Annual Physicals, Breast Cancer Screening, Cervical Cancer Screening, Cholesterol Screening, Colorectal Screening, Colon Cancer Screening.

1. Provide this completed form to attest completion of annual physical or preventative exam, **do not include** any personal medical information.
2. Provide documentation of your completed Health Risk Assessment (HRA), HRA is a questionnaire about a person's medical history, lifestyle, and health goals. Complete the <https://thedefender.cancer.org/> Health Risk Assessment **OR** one of the free tools available here: **Heart Disease Risk Calculator, Diabetes Risk Test, and Lung Cancer Risk Quiz**. Provide documentation (Completion Certificate or Cropped Screenshot) showing this was complete and **do not include** any personal medical information. HRA results are immediately available and the information you gain helps you and your physician reduce the chance of problems before they start.

For Completion by Employee

Employee Name:	
EID:	E-mail Address:

I received a physical examination.	Date of Appointment:
I completed a health risk assessment.	Date of Assessment:

I attest that I have completed all the fields in the form requirements to qualify for Wellness Time Off, as determined by the HealthPoint Wellness.

Employee Signature	Date:
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