



Beatitudes Campus Wellness Program  
2015-2016 Physician Statement  
**Step 1: Annual Wellness Exam**



For the 2015-2016 plan year, Beatitudes Campus employees and their spouses/domestic partners will again have the opportunity to participate in the Beatitudes Campus Wellness Program and secure a discount on their medical plan premiums for the 2016-2017 plan year. Participation in the Campus Wellness Program is voluntary and confidential. Three steps are required to satisfy the 2015-2016 Campus Wellness Program requirements. The first step is the completion of an annual wellness exam and blood work to obtain basic biometric information. The second step is the completion of the online Health Risk Assessment on or before August 12, 2016. The third step is the completion of an annual dental exam and basic cleaning (separate form is required for this step).

**Step 1: Annual Wellness Exam:**

Please have an Annual Wellness Exam, appropriate for your age, done by a physician of your choice. **In order to report that you have met this requirement, take this form with you to your appointment. Once the screenings have been completed, your physician can sign the form verifying the necessary tests have been completed; individual test results are not required at this time. Submit completed forms, including a physician's signature, to the Human Resources Office or fax to (602) 995-6127 on or before August 12, 2016.** Forms will not be accepted after this date for the 2016-2017 Campus Wellness Program.

**To be completed by the employee: PLEASE PRINT**

Employee Name:	Employee Date of Birth:	Date of Exam:
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Dear Physician:

At Beatitudes Campus, we value the health and well-being of our employees. We provide a number of resources to promote wellness, including access to Cigna health coaches, an Employee Assistance Plan, and other preventive and educational benefits (most are free of charge). **As a part of our 2015-2016 Campus Wellness Program, employees are required to complete certain steps in order to obtain a discount on their 2016-2017 medical insurance premiums. This year, one requirement is to verify they have completed an annual wellness exam.**

**As part of the preventive exam you perform today, please include, at a minimum, the tests listed below and provide your signature as verification of the testing, individual patient results are not required at this time. With these specific test results, we hope our employee will feel informed about their health, learn where results may be out of range and the steps they can take to improve results over time. Please support our efforts by communicating with your patient the results of these screenings, the importance of recommended preventive screenings (by age and gender) and steps to control individual risk factors.**

- Blood Pressure
- Lipid Profile (Total Cholesterol and HDL)
- Glucose Screening
- Body Mass Index (preferred)
- One-on-One brief consultation with a certified health professional

The employee will need the results of the above tests in order to complete their online Health Risk Assessment at [www.mycigna.com](http://www.mycigna.com). All individual health data will be kept completely confidential and only aggregate data will be shared with the Beatitudes Campus in accordance with HIPAA. At no time should any test results for an individual be sent to or shared with the Beatitudes Campus personnel.

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**Physician Signature**

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**Physician Name: PLEASE PRINT**

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**Date**

Please email any questions or concerns regarding this process to Tara Bethell, V.P. of Human Resources, at [tbethell@beatitudescampus.org](mailto:tbethell@beatitudescampus.org).