

**2009-2010 WILLIAMSON COUNTY WELLNESS PROGRAM  
 “COMMIT 2B FIT”  
 AFFIDAVIT OF COMPLETED WELLNESS ACTIVITY  
 BIO-MEDICAL –RELATED EXAMS & SCREENINGS**



*(EOB's can be submitted in lieu of Provider Signatures – Please see Wellness Manual for details)*

Participants may only be awarded 100 points per Section - See Listing of Wellness Program Activities and Associated Points

**Comprehensive Annual Physical Examination**

Exam Date \_\_\_\_\_

A Comprehensive Annual Physical Exam Typically Includes:

*(Only Provider can enter date)*

- Weight
- Total Cholesterol Level
- LDL Level
- HDL Ratio
- Blood Pressure
- Diabetes Screening
- Skin Cancer Screening

**Male:** Prostate Exam – (age 40 and over)

Exam Date \_\_\_\_\_

*(Only Provider can enter date)*

**Male:** Breast Exam

Exam Date \_\_\_\_\_

*(Only Provider can enter date)*

**Female:** Breast Exam or Annual Mammography

Exam Date \_\_\_\_\_

*(Only Provider can enter date)*

Cervical Cancer Screening (pap smear)

Screening Date \_\_\_\_\_

*(Only Provider can enter date)*

**Colonoscopy (Colon Cancer Screening)** (age 50 & over)

Screening Date \_\_\_\_\_

*(Only Provider can enter date)*

**Annual Glaucoma Screening** (age 40 and over)

Screening Date \_\_\_\_\_

*(Only Provider can enter date)*

**Preventive Dental Exam and Cleaning**

Exam Date \_\_\_\_\_

*(Only Provider can enter date)*

*I have read the Wellness Program Reimbursement Procedures and Requirements. I hereby certify that I have fulfilled the Wellness Program individual item requirements for reimbursement for the activity (or activities) noted above. I understand that I can submit an affidavit form for each activity completed or for more than one activity at a time.*

**Only 1 Healthcare Provider's Signature/Date or EOB per affidavit:**

\_\_\_\_\_  
Signature of Employee / Retiree / Spouse      Date

\_\_\_\_\_  
Signature of Physician or Health Care Provider      Date Signed

\_\_\_\_\_  
Printed Name      Employee #

\_\_\_\_\_  
Printed Name of Physician or Health Care Provider

**Please note only the Health Care Provider may enter Exam and/or Screening Dates. Please retain a copy of this document for your records before submitting to the Human Resources Department. You may scan and email your completed wellness affidavit(s)/documentation to [wellness@wilco.org](mailto:wellness@wilco.org), or you may fax your completed wellness affidavit(s)/documentation to the Human Resources Department at (512) 943-1535. As before, you may still turn in your completed wellness affidavit(s)/documentation in person, by inner office mail, or by regular U.S. mail.**