

Physician's Certification of Routine Physical Exam Affidavit

To qualify for the University of Houston-Clear Lake (UHCL) eight-hour Wellness Leave incentive, an employee must receive a physical examination and complete a health assessment (HA). You must complete, sign and have your physician sign this form. After reviewing this documentation, the Assistant Director, Human Resources will send you and your supervisor an approval letter.

Employee Information

Employee Name: _____

Empl ID: _____ Department Name: _____

Supervisor's Name: _____

Physician's Certification of Routine Physical Exam

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

Physician Signature: _____

***Physician's Office Stamp/Info Here:*

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

Employee Signature: _____ Date: ____/____/____

Attachment – Health Assessment (HA)

Health Assessment Completion Certificate: By checking this box, I certify I have completed the United Healthcare online Health Assessment and I have attached the Certificate to confirm my completion.

(UHCL HR Office Use Only)

HR Approval

Assistant Director, HR or Designee Signature: _____ Date: ____/____/____