

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. Please do not submit any of your personal health/medical information or results from your health assessment; we only need confirmation they were completed. After reviewing this documentation, a designated Human Resources representative will send you and your supervisor an approval notice.

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 online Health Assessment and I have attached the Certificate to confirm my completion.

(UHCL HR Office Use Only)

HR Approval

HR Representative Signature: _____ Date: ____/____/____