Dear Health Care Provider,

The University of Scranton cares about the health of our employees and wants to assist them in taking steps towards better health. To promote these measures we created an innovative Employee Wellness Program. This voluntary program provides each employee the opportunity to earn wellness incentives when they take steps to care for their health. This includes seeing their health care provider for an annual wellness visit and receiving requested labs.

As a health care provider, we consider you to be the most important part of patients’ health management efforts. Please help your patient participate by completing this Wellness Visit Certification Form. You can give the form back to your patient, you can fax the form to 570-941-6304, or you can mail it to The Employee Wellness Program, The University of Scranton, 205K The DeNaples Center, Scranton PA, 18510.

Please call 570-941-4253 if you have any questions about this form. We appreciate your support and thank you for your continued efforts in promoting health and wellness.

Sincerely,

Cathy Mascelli
Employee Wellness Coordinator

*Note to Employee: Ask for an order for blood work and complete before your wellness visit so the results can be reviewed during the visit.*

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**Wellness Visit Certification Form**

Name of Patient (Please Print)________________________________________

Exam Date: _____/_____/_____

A physical exam was performed on the above-named patient and relevant lab results were reviewed or will be reviewed with them. The lab results may include total cholesterol, HDL, LDL, Triglycerides, Hemoglobin A1c, Fasting blood sugar. Also included were blood pressure, height, weight, and waist circumference if deemed recommended at this time.

Health Care Provider’s Name ____________________________

(Please print)

Health Care Provider’s Signature ____________________________ Date ____________

Address__________________________________________________ Phone_______________________