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, 104 Molecular Biology Building, Scranton PA, 18510.

Please call 570-941-4550 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.

Employee Wellness Program
The University of Scranton
104 Molecular Biology Building
Scranton, PA 18510

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