



UNIVERSITY OF HOUSTON - VICTORIA

Affidavit for Wellness Leave

Completed Health Risk Survey and Physician's Certification of Routine Physical Exam

To qualify for the University of Houston-Victoria (UHV) eight-hour wellness leave incentive an employee must annually complete a health survey and receive an annual routine physical examination. The employee must complete and sign this form and have the physician's office or clinic also sign this form. After requirements are met, the supervisor shall review and approve.

Employee Information

Employee Name: _____

Health Risk Assessment Certification

This is to certify that I have completed the Health Survey online through <https://healthselect.bcbstx.com/> on (Date)____/____/_____, and I have attached the Certificate to confirm my completion.
I affirm that the above information is true and correct.
Employee Signature: _____ Date: ____/____/____

Physician's Certification of Routine Physical Exam

Patient Name: _____ Exam Date: ____/____/____
Physician's Office /Clinic Stamp and Signature
I authorize _____ (physician's name) to release the dates of my routine physical exam, as specified on this form for UHV wellness program use.
Employee Signature: _____ Date: ____/____/____

Supervisor Approval

Note: The supervisor shall not request any medical information from the employee. Approval from the supervisor is required in order to authorize and use Wellness Leave.
Supervisor Signature: _____ Date Awarded: ____/____/____
Wellness Leave expires one year after date awarded. This leave expires on: ____/____/____

Form Distribution: Return original signed Affidavit form and Health Survey Certificate to HR for leave documentation.