Completed Health Risk Survey and Physician’s Certification of Routine Physical Exam Affidavit for Wellness Leave

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 United Health Care (UHC) Rally Health Survey on (Date)____/____/_______.

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 to HR for leave documentation.

UHV Policy C-32: Employee Wellness Program