

Physician's Certification of Routine Physical Exam Affidavit

To qualify for the Yavapai College Wellness Incentive, an employee must receive an annual physical examination. 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 annual physical; we only need confirmation of completion. After reviewing this documentation, a designated Human Resources representative will send you an approval notice.

Employee Information

Employee Name: _____

Y#: _____ Department Name: _____

I authorize _____ (physician's name) to release the dates of my routine physical exam, as specified on this form for Yavapai College Wellness Incentive use.

Employee Signature: _____ Date: ___/___/___

Physician's Certification of Routine Physical Exam

Physician Name: _____ Exam Date: ___/___/___

Physician Signature: _____

This must be returned to HR no later than **May 31st** to qualify for the Wellness incentive program

Please return the completed form by email to askhr@yc.edu.

(Yavapai College HR use only)

HR Approval

HR Representative Signature: _____ Date: ___/___/___