



Pima County Preventive Exam/Screening Verification Affidavit 2016-2017



EMPLOYEE'S SECTION:

I hereby grant my permission for my Physician to release this form to Pima County Human Resources Department in order to validate that the following preventive exam(s) have been completed between **March 1, 2015 and February 28, 2016**. I understand no private health information will be released and that the information provided on this form is accurate.

EIN

NAME

EMPLOYEE SIGNATURE

DATE

PHYSICIAN'S SECTION:

Please verify below that your patient has received at least one of the following preventive health exam or screenings:

- Annual Physical
- Biometric Screening/Lab Panel
- Cervical Preventive Exam
- Colorectal Preventive Exam
- Mammography
- Prostate Preventive Exam

Patient, _____ received at least one of the above listed preventive exams or screenings on _____ (date).

PHYSICIAN SIGNATURE

PHYSICIAN NAME (PLEASE PRINT)

OFFICE LOCATION

PHYSICIAN PHONE

Scan: wellness@pima.gov

Fax: (520) 724-8150

Mail: 150 W. Congress, 4th Floor

It is your responsibility to keep a copy of this completed form if the original is lost in the mail. Any fraudulent representation of this form merits termination of your benefits eligibility and that of your eligible dependents render invalid all benefits under the plan and require repayment of any benefit received pursuant to such misrepresentation or misstatement.