



# Pima County Preventive Exam/Screening Verification Affidavit



## 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, 2016 and February 28, 2017**. I understand no private health information will be released and that the information provided on this form is accurate.

\_\_\_\_\_  
EIN

\_\_\_\_\_  
NAME

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
HIRE DATE (FOR NEW-HIRES)

## 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](mailto:wellness@pima.gov)

Fax: (520) 724-8150

Mail: 150 W. Congress, 4<sup>th</sup> 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.