



2024 HEALTH CARE PROVIDER REPORTING FORM

Thank you for participating in the Living Well – YSU’s Employee Wellness Program. Employees participating in the 2024 Living Well Incentive Program have the option of using this form to earn preventative care points for their annual physical exam. Please fill in the participant information below in Section 1. Then, have a representative from your health care provider perform the screening exam, sign and date the form. An employee must upload this document to the wellness portal to receive 2024 incentive points.

SECTION 1: TO BE COMPLETED BY THE PARTICIPANT (PLEASE PRINT CLEARLY)

Please read the following disclosure statement and sign and date below.

I agree to participate voluntarily in this health screening activity. Living Well will receive non-screening related information, including my name and YSU Banner ID number, for the purpose of confirming that I have participated in a biometric screening and in order to administer the wellness program (application of annual physical exam incentive points).

Legal First Name	Last Name
Date of Birth	YSU Banner ID # _____
Email Address	
Signature	Today’s Date

SECTION 2: TO BE COMPLETED BY PROVIDER’S OFFICE

Please include provider’s signature	
*Provider’s Signature	*Today’s Date
*Please Print Name	*Office Phone Number

Please return this form back to the employee for them to upload to the wellness portal.

****An employee must upload this document signed by the treating physician and the employee to receive incentive points.**