

**2025 Employee Wellbeing Program  
Age/Gender Appropriate Screening Form  
(75 Points)**

Employee or Employee's Spouse Full Name: \_\_\_\_\_

Type of Screening: \_\_\_\_\_

Eligible screenings include Pap, Mammogram, Prostate Screening, Colonoscopy or Fecal Occult Blood Test. If you received a screening that is not listed above, it is not eligible for credit. Only one of each screening is eligible for credit. For example, if you receive two colonoscopies in the current year you can only receive credit for one.

**Instructions:** Bring this form to your appointment and have your health care provider complete the appropriate section. Four age/gender appropriate screening visits are eligible for credit per year. Please do not include any personal medical information with this form. **Please upload to the beBetter wellness portal immediately after your appointment.**

**For Physician:**

***This form confirms that the individual named above received an age/gender appropriate screening between January 1, 2025 and December 31, 2025.***

\_\_\_\_\_  
Date of Exam

\_\_\_\_\_  
Health Care Provider Name, Printed

\_\_\_\_\_  
Health Care Provider Signature

Health Care Provider Stamp or National Provider Identifier  
(Physician office has the NPI #)

**For Employee/Employee Spouse:**

***By signing and submitting this form, I verify that the information on this document is true and accurate. I understand that any falsification of this document could result disciplinary action up to and including termination. I understand that I may, at any time, be audited and expected to submit verification of proof of appointment.***

\_\_\_\_\_  
Employee/Employee Spouse Signature

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives this information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements.

**Exam must be completed between January 1, 2025 and December 31, 2025, and the completed form including the provider stamp OR NPI number uploaded to [beBetterHealth.net](https://beBetterHealth.net) no later than December 31, 2025 for credit. Points will be removed from forms missing information. Distribution are to be made by March, 2026 for submissions received by December 31, 2025.**