



Spouse  
Preventive Benefit Acknowledgement Form

**Note: Employees and spouses enrolling in a City of Mesquite 2017 health plan, that are not participating in the City's Wellness Program, are required to sign this affidavit.**

Employee Name (please print): \_\_\_\_\_

Spouse Name (please print): \_\_\_\_\_

Employee ID: \_\_\_\_\_

I had a physical exam along with blood tests within the last 12 months.

- A physical exam from a medical provider should include blood testing for glucose, triglycerides, HDL, LDL and total cholesterol.
- The provider will also need to check blood pressure and weight.
- Preventive physicals must be conducted within the last 12 months.

(Please Print)

Date of Exam: \_\_\_\_/\_\_\_\_/\_\_\_\_(month/day/year)

Medical Provider's Name: \_\_\_\_\_

Medical Provider's Address: \_\_\_\_\_

Date of Blood Tests: \_\_\_\_/\_\_\_\_/\_\_\_\_(month/day/year)

Blood Draw Location: \_\_\_\_\_

My signature on this form affirms that all information provided is true and correct to the best of my knowledge. I understand that any misrepresentation of information on this form may result in disciplinary action. I authorize the City of Mesquite to contact my physician/provider to verify the accuracy of the information I provided on this form. This authorization does not include a release of any protected health information or test results.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

The completed Preventive Benefit Acknowledgement Form may be turned into the HR Benefits/Payroll office to avoid the no physical surcharge.