



## Proof of Preventive Screening Form

### ACCEHW Wellness Points

To whom it may concern:

This UNC Charlotte employee is participating in an incentive program to take steps to become healthier. One step we suggest is to get screenings or preventive care, such as blood pressure, blood glucose, cholesterol levels, mammograms, Pap smears, colonoscopy, dental cleaning, eye exam, annual physical, vaccinations, etc.

Please certify that this patient has received this type of care below. Any health care professional may fill this out (doctor, nurse, medical assistant, etc). **Note: We do not need to know the results of any tests or measurements.**

Patient Name: \_\_\_\_\_

Screening/Care received:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Health Care Provider Name: \_\_\_\_\_

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

Date: \_\_\_\_\_

*This information will only be used for the purposes of the Wellness Point Incentive Program. The form will be destroyed at the end of the current semester.*