

**WASHBURN UNIVERSITY EMPLOYEE WELLNESS PROGRAM**  
**HEALTH SCREENING RELEASE**

I understand and agree the health information obtained from my physician is confidential and personally identifiable information will not be released to any person without my written consent. I understand aggregate data will be compiled for statistical purposes and will not include my personally identifiable information. I am choosing to release personal health information for use only by the Washburn Wellness Staff to evaluate my health status, needs or progress. I understand and agree my participation in the Employee Wellness Program is voluntary and I may cease participation at anytime.

**Please initial the appropriate line(s) below:**

\_\_\_\_ In lieu of participating in the health screening being conducted on campus by HealthWorks, Inc.,  
Initial I will have my physician send the results of a blood lipid profile and a blood pressure test, conducted in the last 9 months to the Washburn Wellness Staff. I understand it is my responsibility to make sure these test results are received by the Employee Wellness Staff prior to the deadline for Tier 1 incentives. I also understand my test results will be included in the Employee Wellness program aggregate data.

In consideration of my participation in the Employee Wellness Program and receiving the benefit of a personal health assessment, I hereby release Washburn University, Wellsource, Inc. and their respective subsidiaries, employees, officers and agents from and against any claim I might have arising out of or resulting from my participation in the Health Assessment Program.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

\*\* If you have any questions, please call Evelyn Spangler @ 785-670-2853 \*\*

