



2010 Wellness Program Documentation Form Non-Tobacco User

SMOKING AND/OR USE OF TOBACCO MEANS ANY USE OF CIGARETTES, PIPES, CIGARS, OR ANY OTHER TOBACCO PRODUCTS REGARDLESS OF THE NUMBER OF TIMES OR FREQUENCY OF USE.

This is to certify that I do not presently smoke or use tobacco products; nor have I done so within the last six consecutive months since the date on this form.

I understand that any misrepresentation of the information contained on this certification will result in my immediate disqualification of any incentive/prize for this activity, and will make me ineligible for any other wellness activities and rewards for the year.

Employee Name (please print) _____

Signature _____ Date _____

Note:

All private health information shared with the Premier Wellness Coordinator through your involvement in the program is strictly confidential. No other individual or entity will have access to this information without your expressed consent.