



Ministries

Phoebe-Devitt Homes 2021-2022 Health Affidavit

Employee's Name: \_\_\_\_\_ Last 4 digits of employee's SSN: \_\_\_\_\_
(please print)

Phoebe Facility: [ ] Allentown [ ] Services [ ] Berks HCC [ ] Berks Village [ ] Richland [ ] Wyncote [ ] Apts. [ ] Terrace

Employee's telephone number: \_\_\_\_\_ (day) \_\_\_\_\_ (evening)

This form reflects information for the following individual: (please check one)

[ ] Enrolled employee OR [ ] Enrolled spouse \_\_\_\_\_
(name - please print)

Health Care Provider Instructions:

- We are asking for your attestation that the identified screenings have been conducted.

PLEASE DO NOT SUBMIT ACTUAL LAB VALUES.

- This form does not define "Satisfactory" ranges for the requested biometrics. We are relying on you to determine what is satisfactory, and therefore healthy, for this individual based on your knowledge of the person's individual history, condition, current course(s) of treatment, genetic make-up, etc.
Please INITIAL responses and sign/date the document where indicated.

\*CHECKMARKS WILL NOT BE ACCEPTED.\*

Table with 4 columns: Metric, Date Assessed, Satisfactory (Yes/No), and Initial Here. Rows include Blood Pressure, Total Cholesterol, Body Mass Index, and Tobacco Use.

Signature of Health Care Provider/Date

Printed Name of Health Care Provider

Address and Phone Number of Health Care Provider

Phoebe-Devitt Homes and its benefits administrator are relying upon the information provided above to calculate deductible credits for you and/or your enrolled spouse. Providing false or misleading information to obtain these benefits may subject you and/or your enrolled spouse to civil and/or criminal liability.

Note to employee/spouse: Please retain a copy of this document for your records and return by scanning/emailing to Benefits@Phoebe.org, fax to 610-794-5420, OR submit to your campus HR Employee Relation Specialist or for processing.

If you have any questions, please contact Kim Fritzinger KFritzinger@Phoebe.org 610-794-5176