



2026 Employee Wellness Program

October 1, 2025 – September 30, 2026

Hancock County Wellness: 2026 Employee Wellness Program for 2027 calendar year insurance incentives

Employee Acknowledgement:

Use this form to report your 2026 Employee Wellness Program visits with your primary care provider. Please take this form with you to your visits to ensure all the appropriate factors are covered to be eligible for the Hancock County Wellness Program incentive.

Upon completion, please return this form to hancock-hr@hancockin.gov.

Employee/Spouse Name (print): _____

If Spouse, provide name of Hancock County Employee: _____

Employee/Spouse Signature: _____

Date: _____

Physician Verification Statement

In accordance with HIPAA, results of the tests performed are to be disclosed to the patient only and should not be reported on this form.

A preventive screen was performed. As part of a preventive screen, the following risk factors were tested, and results were/will be reviewed with the participant:

1. Blood Pressure
2. Lipid Profile
 - Total Cholesterol, LDL, HDL, and Triglycerides
3. Blood Sugar/Glucose
4. Waist Circumference or BMI
5. HbA1c, for diagnosed diabetics
6. Pulmonary Function, for current or former smokers

**Treatment and lifestyle modification options were discussed if warranted.*

Screening Date: _____

Provider Name (printed): _____

Provider Signature: _____

Signature Date: _____

Forms Due by October 1, 2026 to Receive Incentive