

# EXEMPTION FORM

---



## CITY OF SAN MARCOS EMPLOYEE INSTRUCTIONS

If you were not able to receive a Catapult Health Preventive Checkup this year due to medical reasons or because you were on leave, you may have your Primary Care Physician, OB/GYN or Human Resources representative complete the information below to receive credit toward the City of San Marcos wellness incentive. All information requested below must be completed in order for credit to be awarded. Once complete, you must return your completed forms to Catapult Health by 5:00 pm on August 31, 2016. Please follow the instructions at the bottom of this page. **This is your responsibility, not your provider's.**

## PATIENT AUTHORIZATION AND RELEASE

I agree to the release of the information requested below from my Provider and/or HR to Catapult Health in order to complete requirements for my Company's wellness incentive.

COMPANY NAME: \_\_\_\_\_ LOCATION: \_\_\_\_\_

PATIENT'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PATIENT'S SIGNATURE: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

PATIENT'S E-MAIL: \_\_\_\_\_ EMPLOYEE ID: \_\_\_\_\_

## PROVIDER/HR INSTRUCTIONS

Your Patient's Company has partnered with Catapult Health to provide worksite wellness initiatives. Individuals who were on leave or could not participate due to medical reasons during the Onsite Preventive Checkups this year will not be required to complete lab or biometric testing to fulfill wellness incentive requirements. Please complete the information below and return this form to your patient/employee.

PATIENT'S LEAVE START/END DATE: \_\_\_\_\_

PROVIDER'S/HR NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

PROVIDER'S/HR SIGNATURE: \_\_\_\_\_

**This completed form must be received by Catapult Health by 5:00 pm on August 31, 2016!**

**VIA MAIL:** Catapult Health - PCP Form Dept., 8144 Walnut Hill, Suite 1120, Dallas, TX 75231

**VIA FAX:** 877-885-9904 (no cover page is needed)

---

+ [www.CatapultHealth.com](http://www.CatapultHealth.com) +