



Weber State University Wellness Pays Bonus Program Informed Consent

Purpose

The primary purpose of the Wellness Pays Bonus program is to identify individual health risks based upon the responses to the Wellsource PWP questionnaire and the results of a blood lipid evaluation.

By signing this form, I desire to participate in this program and willingly give my consent for evaluation of my present level of health. I further give permission for those health tests I've opted to take, that may include one or all of the following: blood, body composition, and other screening tests. I accept the responsibility of taking any appropriate actions indicated as a result of health problems or high-risk indicators identified during testing. I understand that my participation is voluntary, and that I may withdraw or discontinue my participation at any time without penalty or prejudice. I further release Weber State University and the Department of Human Resources from any health problems that may occur as a result of my participation.

Limitations

My blood lipids and glucose will be measured using the Cholestech LDX blood lipid profile machine. This device, while not guaranteed to have 100% accuracy, has meet the precision and accuracy guidelines set by the National Cholesterol Education Program.

I understand that the Employee Wellness staff and interns are not a medical physicians and do not dispense medical advice, nor diagnose or treat any medical condition.

Benefits to be expected

Participation in a wellness program has been associated with beneficial changes in health, fitness, nutrition, attitude and safety including increases in muscular strength, endurance, cardio-respiratory endurance and improvements in body composition.

Confidentiality

All records collected will remain in the Employee Wellness office in a locked file cabinet. Access to the records is limited to the staff of the Wellness program that has the duty of processing the records.

Data is generated electronically by use of a computer. Access to the electronic records is limited to the staff of the Wellness program that has the duty of processing the records.

Contact Persons

Questions related to the Wellness program or about accommodations may be directed to Raeanna Johnson, Employee Wellness Coordinator, ext. 6480.

- I certify that I am not a tobacco user, and do no use tobacco in any manner including smoking, vaping and chewing.
- I would like to be notified of health improvement programs if the results from my assessment indicated that I may be at increased risk for developing future health problems.

I understand that by signing my name below, I have given my consent and release as described above.

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|--------------------------|-----------|----|------|
| Participant Printed Name | Signature | W# | Date |
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| Office Witness Signature | Date |
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