

Medical Exclusion Form



Attention City of Lenexa Employees and Spouses:

This medical exclusion should be used if you have a medical condition that prohibits you from participating in the lab and/or biometric screening. You must still complete the online personal health assessment and Health Coaching visit in order to receive your points. If you are pregnant, please schedule your lab/biometric screening 6 months post-delivery.

To: Evan Daniels

Fax #: 913-825-8590

From: _____

Sender Phone Number: _____

Date: _____

of pages including cover: _____

Participant Name: _____

Participant Date of Birth: _____

Reason for Exclusion: _____

Provider Name: _____

Provider Signature: _____

Date: _____

Confidentiality Notice: Confidential Health Information Enclosed

Protected Health Information (PHI) is personal and sensitive information related to a person's healthcare. It is being faxed to you after appropriate authorization from the patient or under circumstances that do not require patient authorization. You, the recipient, are obligated to maintain it in a safe, secure and confidential manner. Re-disclosure without additional patient consent or as permitted by law is prohibited. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties described in federal and state law.

IMPORTANT WARNING: This message is intended for the use of the person or entity to which it is addressed and may contain information that is privileged and confidential, the disclosure of which is governed by applicable law.

If you are not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any disclosure, copying or distribution of this information is **Strictly Prohibited**. If you have received this message by error, please notify the sender immediately to arrange for return or destruction of these documents

