Penn Healthy You Annual Preventative Health Verification Form

(1) **Once per program year,** submit this Preventative Health Verification Form to earn credit for your completed preventative health activities. **The submission deadline to receive credit for the 2026-2027 Penn Healthy You program year is 6/15/27.** Earn up to 1,000 points for your choice of exams, screenings, or vaccines listed on this form.

(2) **You do not need to complete all preventative health activities listed on this form.** Only add documentation for those you've selected to complete.

(3) Once you've completed your selected preventative health activities and this form documents all activity dates and required signatures, submit to https://support.webmdhealthservices.com or fax to the WebMD secure fax at 317-810-8725. **The submission deadline for 2026-2027 is 6/15/2027.**

(4) If the form is successfully submitted, you will receive a pop-up message that says "Upload Successful." Forms missing any required information are considered **"incomplete" and will not be processed.** If your form is incomplete, you will receive an email requesting you resubmit the form with the missing information.

(5) **It can take up to 2 weeks for forms to process and issue credit.** If you do not see credit for your Preventative Health Verification Form OR if you have any questions, **call WebMD at 1-800-493-5980**.

The Attestation Information:

You are participating in the University of Pennsylvania's Penn Healthy You annual rewards program. This wellness program provides financial incentives for completing certain well-being activities. By completing this form, you are certifying that you have completed a preventative health activity as defined by the program. Keep this form for your records, and if an audit is performed, you will need to provide a copy of this form and additional information upon request. You also certify that all information provided on this form is accurate and acknowledge that if you provide incorrect information as part of Penn Healthy You, you could be subject to disciplinary action.

I attest to completing the following preventative health activities between 7/1/2026-6/15/2027

Annual Physical Exam (200 points)	Date completed:	Medical Provider Name (required):
Colonoscopy Exam (500 points)	Date completed:	Medical Provider Name (required):
Mammogram Exam (300 points)	Date completed:	Medical Provider Name (required):
Well Women's Exam (200 points)	Date completed:	Medical Provider Name (required):
Annual Dermatology Skin Exam (200 points)	Date completed:	Medical Provider Name (required):
Dental Exam (200 points)	Date completed:	Medical Provider Name (required):
Annual Eye Exam (200 points)	Date completed:	Medical Provider Name (required):
Flu Vaccine (100 points)	Date completed:	Medical Provider Name (required):
Non-Flu Vaccine (Shingles, COVID-19, Pneumococcal, etc.) (100 points)	Date completed:	Medical Provider Name (required):

REQUIRED: Please provide the following information before submitting this form to WebMD.
***If this section is not fully complete, your form will not be processed.**

Employee ID (enter your 8-digit Penn ID number):
Participant Printed Name:
Participant Signature:
Date of Submission: