



MONMOUTH COUNTY WELLNESS SCREENING FORM

Employee Name		User Name (Self Service log in)	
Email		Phone	
Department			

	SCREENING (TWO WELLNESS POINTS PER SCREENING)	DATE (MM/DD/YYYY)
1.	Annual Physical	
2.	Biometric Screening (Cholesterol, HDL, LDL, triglycerides, body mass index)	
3.	Colonoscopy	
4.	Flu Shot	
5.	Immunizations	
6.	Mammogram	
7.	Pap smear	
8.	PSA (prostate)	
9.	Skin cancer screening	
10.	Other (Please list screening performed)	

VERIFICATION*		
EMPLOYEE SIGNATURE		
PROVIDER NAME		PROVIDER SIGNATURE OR STAMP
PROVIDER NAME		PROVIDER SIGNATURE OR STAMP
PROVIDER NAME		PROVIDER SIGNATURE OR STAMP

***If signatures from providers cannot be obtained, provide a receipt documenting screening performed or Explanation of Benefits from health insurance provider as verification. Do NOT include any test results. All paperwork is shredded once documented.**

Wellness Screening Forms should be submitted to: Hall of Records, HR, One East Main Street, Freehold, NJ 07728 or emailed to wellness@co.monmouth.nj.us. Multiple screenings can be included on one form. All paperwork must be received in the quarter the screening was performed in order to be eligible for wellness points. Rev. 3/24