

# Harker School Wellness Program - Tobacco Certification Form

Employee Name: \_\_\_\_\_ Month/Year \_\_\_\_\_

**\*Annual Qualifying Period = December 1<sup>st</sup> through November 30<sup>th</sup> of the following calendar year.**

As part of Harker School's Wellness Program, employees are encouraged to learn about the health risks associated with tobacco use and to take steps to quit using tobacco products. **Earn wellness points for certification of non-tobacco use, or by completing a tobacco cessation program as described below:**

- **Certifying you are tobacco-free** - Complete the Tobacco-free Certification below attesting to the fact that you will not use / have not used tobacco products during the current \*Annual Qualifying Period –**earn 10 Wellness points.**
- **Complete a tobacco cessation program**- This must be a program run by an organization/health institution trained in techniques to help individuals quit the use of all tobacco products. You must complete the entire program in order to qualify for wellness points for this activity – **earn 20 Wellness points**

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## Tobacco-free Certification

I (Print Name) \_\_\_\_\_ certify that I do not smoke or use tobacco products of any kind and will not use / have not used any tobacco products during current \*Annual Qualifying Period.

I, the employee named above, guarantee that the information contained in this verification is true and accurate and I understand that HR may verify any forms submitted for the purpose of obtaining a wellness reward.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\* OR \*\*\***

## Tobacco Cessation Counseling Completion

Name of program: \_\_\_\_\_

Location of program: \_\_\_\_\_

Name of counselor: \_\_\_\_\_

Dates of counseling sessions: \_\_\_\_\_

I certify that \_\_\_\_\_ has completed a tobacco cessation counseling program.

Signature of Counselor: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN COMPLETED FORM BY DECEMBER 5 FOLLOWING THE END OF THE CURRENT QUALIFYING PERIOD**

**Forms may be submitted via, email: [hr@harker.org](mailto:hr@harker.org) , fax: 408-553-5774, or inter-office mail to HR at Union.**

**Confidentiality/Privacy Policy:** All information is protected by the HIPAA Privacy Rule and is considered protected health information. All information and results are completely confidential and Harker School or any other entity will not have access to your information without your prior consent.