

YOUR PATH WELLNESS PROGRAM INFORMATION (Please print legibly)

Last Name:

First Name:

PUID: 00 _ _ _ _ _ (10-digit number)

DOB:

Email Address:

Phone Number:

PHYSICAL EXAM (*required*):

 The completion of the **Physical Exam** is **required** to earn incentive dollars.

Physical Exam	Provider Initials	Date of Exam
Physical completed between Jan 1, 2026 – Dec 31, 2026		

BIOMETRIC VALUES (*optional*):

 To earn additional incentive dollars **all 'Values' and 'Date of Measure' must be provided**. Biometric results will be entered on your behalf into the Your Path wellness portal by One to One Health if they are provided.

Biometric Measure	Value	Date of Measure
Current Body Weight (lbs)		
Height (inches)		
Systolic Blood Pressure (top number)		
Diastolic Blood Pressure (bottom number)		
LDL Cholesterol Level		
A1c		

PREVENTIVE EXAMS (*optional*):

To earn additional incentive dollars by completing one of the following exams:

Preventive Exam	Provider Initials	Date of Exam
Skin Cancer Check		
Flu Shot		
Depression Screening		
Prostate Exam		
Pap Smear		
Shingles Vaccine		

SCREENING COMPLETED BY:

 AUTHORIZED SIGNATURE
 OR STAMP OF
 PROVIDER OR LAB

 Please refer to page 2 of this provider form to review
 protections from disclosure of medical information.

 Log in to purdue.wellright.com to upload this 2026 Provider Form under the 'Annual Physical' tile.

YOUR PATH INCENTIVE PROGRAM DISCLOSURE INFORMATION

Purdue University's Your Path Incentive Program is a voluntary wellness program available to all benefits-eligible employees and to their spouses on a Purdue health plan. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others.

If you choose to participate in the wellness program, you will be asked to complete a physical. You are not required to complete the physical; however, employees and their covered spouses who choose to do so will receive an incentive of up to \$150 per individual deposited into the employee's health savings account (HSA) or health reimbursement arrangement (HRA).

Employees and their covered spouses who complete the physical also have the option to complete other wellness activities to earn additional incentives of up to \$550 per individual, with a maximum of earning \$700 total per individual in 2026. All incentive money is deposited into the employee's HSA or HRA. Voluntary wellness activities include:

- Completing a biometric screening (involves a blood test for A1c and LDL) and providing weight, height, blood pressure, LDL cholesterol level and A1c;
- Completing a health risk assessment that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease);
- Completing an annual dental or vision exam; and
- Completing an annual well-being screening based on age and/or sex (e.g., depression screening, skin cancer check, flu shot, colonoscopy, prostate exam, and mammogram).
- Completing a learning module that covers Purdue's medical and prescription plan information and resources.

If you are unable to participate in any of the health-related activities required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting One to One Health at purduewellnessprogram@121.health.

The data from your physical and results from your biometric screening and health risk assessment will be used to provide you with information to help you understand your current health and potential risks and may also be used to offer you services through the wellness program, such as, but not limited to health coaching, medication therapy and weight management. You are also encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable protected health information (PHI). Although the Your Path Incentive Program and Purdue University may use aggregate information collected to design a program based on identified health risks in the workplace, the wellness program will never disclose any of your personal information either publicly, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for the purpose of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your PHI are One to One Health physicians, nurse practitioners, pharmacists, dietitians or health coaches to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Human Resources at 765-494-2222 or hr@purdue.edu.