

**Submit Your Forms:**

All program components must be completed and submitted to Kettering Health Network by June 30, 2019.

It is preferred that you send the entire completed packet at one time. By providing your email address on the forms, we can confirm receipt of your packet.

Please keep a copy of all forms for your files.

Submit all completed paperwork together to Kettering Health Network:

- Via email: [healthyhamilton@ketteringhealth.org](mailto:healthyhamilton@ketteringhealth.org)
- Via secure fax: (513)867-6900
- Via mail: KHN Community Outreach, Attn: Laurie Jakoplic, 2145-A N. Fairfield Rd, Beavercreek, OH 45431

Questions about the Living Well Program?

- Contact Laurie Jakoplic at 1-800-888-8362.

**1. Tobacco Affidavit and proof of Reasonable Alternative completion** *(if desired)*

**2. Annual Preventive Physical**

**3. Biometric Screening or Lab Test Blood Draw and proof of Reasonable Alternative completion** *(if applicable)*

**4. 2019 Program Registration Form and Exam Reporting Form\***

**5. Health Risk Assessment (online)**

\*If your physician completed your biometric measures in addition to the annual physical these two forms may be on one combined form. If you receive your physical separately from your biometrics then two Exam Reporting Forms will need to be submitted (one for the Annual Preventive Physical and one for the biometrics).