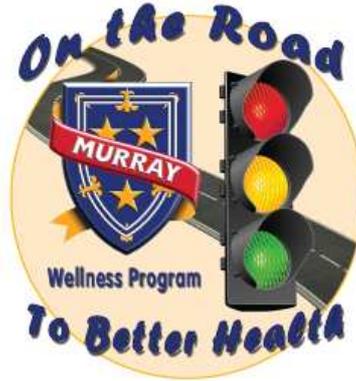


# City of Murray

## Employee Wellness Program Tobacco Abstinence Form



The City of Murray Employee Wellness Program offers a variety of ways that City employees may obtain activity points for efforts toward optimal health. Employee participants in the Wellness Program may choose from at least six activity options to satisfy requirements for all program levels. Of the multiple ways to achieve activity points, one option is to “abstain from tobacco products or provide documentation of involvement in a medically approved tobacco cessation program”.

If an employee is participating in a medically approved tobacco cessation program, they must obtain and be able to provide the health coach with the appropriate documentation supporting their declaration, in the event the employee is selected to participate in an audit. Any employee who provides this supplemental documentation will not be expected to sign this form as the documentation of participation in a cessation program will be sufficient.

If an employee declares to have abstained from tobacco products as a means of satisfying the requirements for this activity but is not participating in, or has not participated in, a medically approved tobacco cessation program during the program period, then he or she must agree to the following statement below by printing and signing his or her name in the appropriate space provided.

In addition, if an employee is audited and has chosen to claim tobacco abstinence, he or she must also agree to submit to an oral swab. This swab for nicotine and cotinine levels must be conducted at OccMed @ MCCH and must be completed within one week of notification.

I, *(Please Print)* \_\_\_\_\_ attest that I have abstained from the use of tobacco products during the entirety of the time period(s) I have checked below:

- 20\_\_ , Period I (June 1– November 30)  
*(year)*
- 20\_\_ , Period II (December 1 – May 31)  
*(year)*

My signature verifies that the above statement is accurate, true and complete.

\_\_\_\_\_  
Signature of City of Murray employee

\_\_\_\_\_  
Date