

Preventive worksite screening request

Please complete this screening request form when you have determined the time, date, location and number of employees who wish to be screened at your worksite. Return the completed form to the South Carolina Public Employee Benefit Authority (PEBA) at least six weeks prior to your requested screening date.

Requestor's name: _____

Worksite name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

Email: _____

Screening location (include room name/number; attach directions if necessary): _____

Screening provider:

- Request same provider as last year or last screening
- Request a different provider from the one that did last screening
Reason: _____
- This is my worksite's first screening
- Special requests or comments: _____

Requested screening date:

1st choice: _____ 2nd choice: _____ 3rd choice: _____

Requested starting time: _____ a.m. **Expected number of participants:** _____

How would you like to receive your confirmation letter and screening materials?

- Standard mail
- Email

Signature: _____ **Date:** _____

Mail or email the completed form to:

S.C. PEBA
Attn: Health and Wellness Initiatives
202 Arbor Lake Drive | Columbia, SC 29223
wellness@peba.sc.gov