



**CITY OF DURHAM**  
*Human Resources Department*  
101 CITY HALL PLAZA | DURHAM, NC 27701  
919.560.4214 | F 919.560.4969  
[www.DurhamNC.gov](http://www.DurhamNC.gov)

## Tobacco Use Affidavit

---

Last Name

First Name

---

Employee ID

Date of Birth (MM/DD/YYYY)

This year, the biometric screening requirement to receive the wellness rate for the 2019-2020 benefit year includes a tobacco use screening. If you complete your screening with your health care provider and they do not screen you for tobacco use, you need to check the box that applies and sign below. Once you have completed this form, you must include it with your Physician Results Form and faxed to the number listed atop the Physician Results Form.

Check the box that applies:

\_\_\_\_\_ 1. I use tobacco products.

\_\_\_\_\_ 2. I do not use tobacco products.

I understand that this is a legally binding document and I attest that the above information is accurate to the best of my knowledge. I understand that providing false information is considered a violation of the Employee Ethics Policy and the consequences listed in that policy would apply. This affidavit is not considered complete unless I have checked the items relevant to me and I have signed and dated this form.

---

Signature

Date