



**EMORY**  
UNIVERSITY

### **Tobacco Cessation Physician Affidavit Form**

Emory employees and their spouses who are covered under our medical plans and use tobacco products will incur a tobacco usage surcharge. To waive this surcharge, the covered individuals must certify that they have not used any form of tobacco in the last 60 days (including, but not limited to: cigarettes, cigars, cigarillos, pipes, chewing tobacco, snuff, dip, and loose tobacco smoked via pipe or hookah).

However, if it is unreasonably difficult due to a health factor for any employee/spouse to meet the requirements under the program, or if it is medically inadvisable for the individual to attempt to meet the requirements of the program, a reasonable alternative may be provided or the tobacco surcharge may be waived.

Physician,

Please review this affidavit carefully and sign and date where indicated. The employee must also sign and date the form and return the completed affidavit to:

Emory University – Benefits Department  
1599 Clifton Road, NE  
Atlanta, GA 30322

As the employee’s or spouse’s treating physician, I attest that it is medically inadvisable for the employee or spouse to cease tobacco use. By signing this affidavit, I certify that the above information is true and correct. I understand that falsification of company records may be grounds for termination of the employee’s employment with Emory University.

Patient Name \_\_\_\_\_

Physician Name \_\_\_\_\_

Physician Signature \_\_\_\_\_

Physician Tax ID Number \_\_\_\_\_

Date \_\_\_\_\_

Employee Name \_\_\_\_\_

Employee Signature \_\_\_\_\_

Employee ID Number \_\_\_\_\_

Date \_\_\_\_\_