



TOBACCO-FREE CONTRACT

I, _____, agree to put forth my best effort to quit using tobacco. I will visit the ARUP Employee Health Clinic once a week for the next ten weeks to work toward my goal of becoming tobacco-free. My anticipated quit date is _____. I realize I may experience some withdrawal symptoms, including irritability, nervousness, and headaches, but I will do my best to keep an optimistic attitude and seek support from the health clinic and my support team members.

When I reach my goal of being a non-tobacco user for ten consecutive weeks, I will receive a \$50 gift card, and each of my support team members will receive \$25 gift card. An ARUP Employee Health Clinic physician's assistant must sign below, certifying that I fulfilled my goal.

Name: _____

Date: _____

Signature: _____

SUPPORT TEAM

As a support team member, I promise to encourage my friend in his/her quest to be tobacco-free. If he or she is successful, I will receive a \$25 gift card.

1) Support team member _____

Employee Nonemployee

Signature _____

Email: _____

3) Support team member _____

Employee Nonemployee

Signature _____

Email: _____

2) Support team member _____

Employee Nonemployee

Signature _____

Email: _____

HEALTH CLINIC CERTIFICATION

I, _____, hereby certify that _____ has visited the ARUP Employee Health Clinic each week for the past ten weeks. I verify that he/she has remained tobacco-free and is entitled to the incentive.

PA's name: _____ Signature: _____ Date: _____

