



## Tobacco Use Affidavit and Agreement

**Should you need any further clarification as to what constitutes tobacco use for purposes of this Affidavit and Agreement or should you have any questions with respect to this Affidavit and Agreement, please contact Be Well Solutions prior to executing it.**

I, \_\_\_\_\_ (print name of affiant), certify as part of the Wellness Program at *Barberton City Schools*, that:

### **Employee Status (Please check one):**

**Non Tobacco User**

I HAVE NOT used any tobacco products, including but not limited to, cigarettes, pipes, cigars, e-cigarettes (or vaporizers) and/or chewing tobacco more than three (3) times within the previous six (6) month period.

**Tobacco User**

I HAVE used tobacco products including but not limited to cigarettes, pipes, cigars, e-cigarettes (or vaporizers) and/or chewing tobacco more than three (3) times within the previous six (6) month period.

By my acknowledgement of and agreement to this Affidavit and Agreement, I hereby represent and warrant to Be Well Solutions that I have or have not used tobacco products as indicated.

By my acknowledgement of and agreement to this Affidavit and Agreement, I further agree that I shall promptly notify the *Barberton City Schools* Human Resource Department of any change(s) to the information that I have provided herein on or before the first (1st) day of the month following any such change(s).

I understand that providing false information on this form is a violation of company policy and may entitle my employer to take action against me.

**Affiant's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

### **This form can be:**

- **Emailed to:** info@bewellsolutions.com
- **Faxed to:** (440) 498-1366
- **Mailed to:** Be Well Solutions  
30625 Solon Road, Suite C  
Cleveland, OH 44139