



Wellness Certificate

School District of West De Pere Health Plan participants need to complete the information and follow the steps in Section 1 below. In addition, your primary care provider's office or Katie Collins NP will need to complete the information and steps in Section 2 below. If you have not completed the wellness/preventive services in Section 2, schedule your services and have this form completed at the time of your appointment.

SECTION 1—TO BE COMPLETED BY HEALTH PLAN PARTICIPANT *(after reviewing HRA results)*

Step 1: Please complete all information below:

Employee Name: _____
Employee who carries plan coverage (Please Print)

Participant Name: _____
Employee or spouse (Please Print)

Employee/Participant Date of Birth:

I am a *(check one box)*: Employee Health Plan Participant Spouse Health Plan Participant
_____ / _____ / _____

Step 2: Participant Authorization

I hereby authorize my primary care provider's office to complete this document on my behalf:

X _____
Signature

Date

Step 3: Forward or bring this form to your primary care provider or Katie Collins NP for completion, and follow up with them to confirm completion.

SECTION 2—TO BE COMPLETED BY PRIMARY CARE PROVIDER'S OFFICE

Step 1: Please circle Yes, No or NA to indicate participant achievement*: (Office Use Only)

Physical Exam(s): For men and women within the last 3 years	Yes	No	
Mammograms: For women 50 and older <i>(Minimum requirement)</i> (Frequency as determined by provider)	Yes	No	NA
Pap Smears: For women 21 and older <i>(Minimum requirement)</i> (Frequency as determined by provider)	Yes	No	NA
Colorectal Screening: For men and women 50 & older <i>(Minimum Requirement)</i> (Frequency determined by provider)	Yes	No	NA

Step 2: Please complete Provider Verification below.

Signature of Provider's Designee:

Provider Name (Please Print)

Signature

Clinic Location

Date

Step 3: Provider Office: Please keep a copy of this document.

Drop off Completed Wellness Certificate to the Health & Wellness Onsite Clinic located at the High School or fax to (920) 425-1916 by January 31, 2014