



Step 4: 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 Onsite/Near site Clinic provider 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

Step 1: Please complete all information below:

Employee/Participant Date of Birth:

Employee Name: _____
Employee who carries plan coverage (please print)

____/____/____

Participant Name: _____
Employee or spouse (please print)

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 onsite/near site provider 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 and 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 or interoffice completed Wellness Certificate to the Health & Wellness Onsite Clinic located at the high school 665 Grant Street by **September 28, 2018.**

PLEASE DO NOT FAX.