



## Verona Area School District Employee & Spouse Wellness Program Health Care Provider Affidavit

Seeing your health care provider for age and/or medical condition appropriate preventive visits is important in preventing, diagnosing, and treating health problems.

If you would like to participate in our voluntary wellness incentive program, please provide this form to your health care provider and ask them to complete it. Completed forms are due to VASD Human Resources by November 15. Incentive payments will be made on the first payroll in December.

### To Be Completed by VASD Employee, Spouse or Tier 1 / 2 Retiree:

<b>Name of Patient</b>	
<b>Note:</b> If Patient is the Spouse or Domestic Partner of a VASD Employee/Retiree, please list the Employee or Retiree's name:	

### To Be Completed by Healthcare Provider:

<input type="radio"/>	<i>I certify the patient named above is up-to-date on their age and/or medical condition appropriate preventive visits as recommended by the <a href="#">U.S. Preventive Services Task Force</a> and <a href="#">Women's Preventive Services Guidelines</a>.</i>
<b>Signature:</b>	<b>Date:</b>

Please submit this signed form by November 15th to [payrollbenefits@verona.k12.wi.us](mailto:payrollbenefits@verona.k12.wi.us)