



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

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

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 employee, spouse or retiree:

Name of Patient:

If Patient is Spouse or Domestic Partner of a VASD Employee or Retiree, please list the Employee or Retiree's name:

To be completed by the healthcare provider

- I certify the patient is up-to-date on their age and/or condition appropriate medical examination schedule as recommended by the [U.S. Preventive Services Task Force](#) and [Women's Preventive Services Guidelines](#).

Provider Signature _____

Date: _____

Please submit this signed form by November 15, 2019 to
payrollbenefits@verona.k12.wi.us