



Physician Form

Participant Name: _____ Check if you are the spouse of an employee
Employee Name: _____
Employee ID #: _____
School/Department: _____
Contact Phone #: _____

***If you choose to have your health screening done through your physician you will need to have your physician sign and date in the box below.**

(Complete The Following 2 Steps)

1- I visited my physician and received a physical exam.
_____ (Date).

Physician Signature

2- _____ After completing step 1 please submit this form to Human Resources by
January 31st, 2020. **We will not accept this form by fax!!!**

Please note:

- You only need to turn in a physician form if you choose to go to your doctor to receive the health screening.
- By participating in a health screening you qualify for the wellness insurance premium for the 2020-21 plan year. The wellness insurance premium is \$200 less than the regular insurance premium over the course of a year. In order to qualify for the wellness premium you need to participate in one of Weber School District's health screenings **OR** receive a health screening through your doctor. If you receive a health screening through your doctor you will need to have the doctor sign this form and turn the form into Human Resources at the District office by January 31st, 2020. **Please note that due to health care coverage changes you could pay a fee for tests done through your physician.**
- Spouses are highly encouraged to participate but not required. Please attach a physician form for your spouse (if applicable). **Spouses who are enrolled on WSD Health Insurance will receive a \$25 gift card for participating.**

Mark which incentive you would like to receive- (Employee & Retiree Only!)

___ Conversion of 2 sick days into 1 personal day

OR

___ \$25

Employee Signature

Date