



# Physician Form

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

**\*If you choose to have your health screening done through your physician you will need to have your physician sign 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 31<sup>st</sup>, 2022 **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.
- 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 31<sup>st</sup>, 2022. **Please note that due to health care coverage changes you could pay a fee for tests done through your physician.**
- Spouses on WSD medical insurance plans 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 and not employed with WSD will receive a \$25 gift card for participating. Spouses who are enrolled on WSD health insurance and employed with WSD will receive \$25 on their March 1st paycheck.**

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

**\*To qualify for a wellness incentive employees must participate in a health screening, complete online assessment through Select Health and select a primary care provider. Please contact HR for more details. 801-476-7847.**

\_\_\_ Conversion of 2 sick days into 1 personal day **OR** \_\_\_ \$25

Employee Signature Date: \_\_\_\_\_