



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 31st, 2025 **Please email or send in district pony.**

Please note:

- You only need to turn in a physician form if you choose to go to your doctor to receive the health screening.
- Only one incentive per employee.
- 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, 2025 **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 Please contact HR for more details. 801-476-7847.**

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

Employee Signature Date: _____