



2023 Annual Physical/Preventative Screening Affidavit

As part of the Wellness Program for Allen County Schools, all <u>employees</u> are eligible to earn an incentive for completing an annual physical and/or other preventative screenings/services. Please see the list below for qualifying services.

| Mammogram | Dental Exam |
|-------------------------------|---------------------------|
| Colonoscopy | Hearing Exam |
| Prostate Exam | Shingles Vaccine |
| Gynecological/ Pap Smear Exam | CPR Certification/Renewal |
| Skin Cancer Screening | Vision Exam |
| Annual Preventative Physical* | OB Exam/OB Appointments |

^{*}To ensure no out of pocket expense is paid, be sure to ask your physician to code your visit as "Preventative".

| | s or services performed between January 1 st , 2023 and Walmart gift card will be awarded per completed proof of service |
|--|---|
| | incentive allowance of \$40.00 per Allen County School employee. |
| | g the above services are not the responsibility of Allen County |
| Schools. | |
| I,, 1 | nereby certify I have elected to receive an annual preventive |
| | er acknowledge I am to submit this form to Julie no later than |
| January 8, 2024 in order to receive up to \$40.00 in Me | eijer gift cards. |
| Employee Name (print): | School: |
| Employee Signature: | Date: |
| Health Care Provider: | Date of Service: |
| Service Completed: | Meijer/Walmart (please circle one) |
| Health Care Provider Signature: | Date: |
| Places submit an incomence FOR on any other man of of the se | omics if you go any ship to obtain the health cane muchiday's sign at me |
| | ervice if you are unable to obtain the health care provider's signature. |
| : | ••••••••••••••••••••••••••••••••••••••• |
| • - | ervice/screening completed is required. |
| • · · · · · · · · · · · · · · · · · · · | form no later than <u>January 8, 2024</u> . |
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| | |
| Please fax or scan this form to: | |

Fax: 419-224-0718



Julie Moore, Wellness Coordinator



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