

Solanco School District
Wellness Verification Form - 2021
(for 2022 Discounts from Premium Share Rates)

1 Health Screenings/Biometrics

Knowing and tracking your numbers gives you the power to make choices that will help you maintain your overall health for a lifetime. Medical tests and screenings can help you to find problems early, when they are easier to remedy. Regular visits with your healthcare provider can help to identify steps that are important to protect your health.

Solanco will again be offering confidential onsite screenings in 2021 at no charge to you through Quest. Watch for notices of these events. You will receive the following health screenings:

Blood Pressure
Cholesterol Lipid Panel

Glucose (Blood Sugar)
Body Mass Index (BMI)

These screenings can also be obtained from your own physician visit or by scheduling an appointment with a Quest lab. These screenings can be completed at any time during 2021 and verification turned in to the Business Office by **December 10, 2021** in order to meet this requirement. Please complete the information below to verify these screenings were completed.

Date Completed _____

Choose One:

- **Screening obtained from Physician Office – Quest Physician Results Form must be completed by Physician and returned to Quest.**
- **Screening obtained from School Site** _____
- **Screening obtained from Quest Site** _____

2 Flu Shot

Give your body a fighting chance, get a flu shot this year! Flu season typically begins in the fall and peaks in January or February. Take action against the flu by getting immunized. Vaccination is the best protection against the flu. Seasonal flu vaccines have a very good safety track record. For this program, only employees and covered spouses are required. Consult your physician for any other family member/dependent flu shot needs.

Solanco offers the flu vaccine each year. You can also get this vaccine through your personal doctor or local pharmacy. This vaccine can be received at any time during 2021 and verification turned in to the Business Office by **December 10, 2021** in order to meet this requirement. Wellness Verification Form not needed if using District flu shot site.

Date Completed _____

Flu shot obtained from Physician Office _____ **(Please have physician sign)**

Name of Physician (printed) _____

Flu shot obtained from other than Physician Office _____ **(Please provide documentation)**

This form should be submitted to the Business Office, along with validation from the provider, as verification of the above procedures being completed.

This form is for (please circle) Employee Employee's Spouse

Employee Name (please print) _____