

Solanco School District
Wellness Verification Form - 2026 Discount
(Eligibility for 2026 Employee Share of Healthcare Premium Reduction)

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. Solanco will again be offering confidential onsite screenings during 2025 at no charge to you through Penn Medicine LGH, if you are a member of the District's healthcare plan. Watch for notices of these events. You will receive the following health screenings:

Blood Pressure
Cholesterol Lipid Panel

Glucose (Blood Sugar)
Height, Weight, and Waist Circumference

These Screenings may also be obtained from your own physician or by scheduling an appointment at a Penn Medicine facility. These screenings may be completed any time during the 2025 calendar year and verification turned into the Business Office by December 8, 2025, to qualify for the discount. Please complete the information below to verify the screenings were completed.

Date Completed _____

Select One:

- **Screening obtained from Physician Office** _____ (Physician Results Form must be completed by Physician and returned to Penn Medicine).
- **Screening obtained from School Site** _____
- **Screening obtained from Penn Medicine Facility** _____

2. Flu Shot

Flu season typically begins in the fall and peaks in January or February. Minimize your risk of getting the flu by receiving a vaccination. Vaccination is the best protection against the flu. Seasonal flu vaccines have a proven safety and success record. For this program, only employees and covered spouses are required. Consult your physician for any other family member/dependents seeking a flu vaccination. Solanco offers the flu vaccination each year. You can also get this vaccine through your personal doctor or local pharmacy. This vaccination may be obtained at any time during the 2025 calendar year and verification forwarded to the Business Office by December 8, 2025, to satisfy the requirement. Wellness Verification Form not needed if obtaining vaccination from District onsite flu clinic.

Date Completed _____

Flu shot obtained from Physician Office _____ (Obtain Physician's Signature)

Name of Physician (printed) _____

Flu shot obtained from other than Physician Office _____ (Enter Name of Provider and obtain documentation containing name of provider, date of service and description of service.)

Forward completed form to the Business Office, along with the medical provider's receipt, as proof the above procedures were completed.

This form is for (please circle)

Employee

Employee's Spouse

Employee Name (please print) _____