



Physician Form

Please Code as Preventive

Aetna and Select Health Preventive Care yearly exam – no copay, coinsurance or deductible (allowed 1 per year)

As part of the Davis School District Wellness Program, employees will be asked to complete an annual wellness preventative exam which could include appropriate bloodwork, i.e.: (total cholesterol, HDL & LDL, triglycerides, A1c, glucose), blood pressure, height, and weight, etc.

DO NOT send test results to Davis School District.

Complete the following:

Employee Name: _____

Employee ID #: _____

School/Department: _____

I visited my physician on (date): _____

Employee Signature: _____

Physician Name (Please Print) _____

Physician Signature _____ **Date:** _____

Completed Physician Form should be uploaded on the WellSteps online platform.