

**STATE COLLEGE AREA SCHOOL DISTRICT  
ANNUAL PREVENTATIVE SCREENING AFFIRMATION**

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I affirm that I will complete an annual preventative examination and screening (e.g., blood pressure, cholesterol levels, etc.) in 2024.

**Name (Please Print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Employee #:** \_\_\_\_\_