



Lehigh Area School District

2024-2025 Wellness Program

PREVENTATIVE HEALTH SCREENING VERIFICATION INSTRUCTIONS

To satisfy the Preventative Health Screening Verification requirement for the 2024-2025 Wellness Program, please do the following:

INSTRUCTIONS FOR THE EMPLOYEE:

- 1) Take these instructions along with the Health Screening Verification Form to your preventative appointment (this form may be used for employees and their enrolled spouses).
- 2) Complete the top portion by printing YOUR name clearly as the employee and writing the date in which you had your physical completed. (ex. 3/1/2024 or March 1, 2024)
- 3) Sign YOUR name on the Employee Signature line. This is your personal verification.

INSTRUCTIONS FOR THE PHYSICIAN:

As the attending Physician of the preventative screening, please completing the following:

- 1) Please print your full first and last name along with the address where you provided the employee's screening at. You may include the phone number if you wish.
- 2) Please sign on the indicated line. If your office has an official stamp, please also use it here.

SUBMIT YOUR PREVENTATIVE HEALTH SCREENING VERIFICATION FORM TO BSI CORPORATE BENEFITS

Please use the below method to supply your verification form to BSI Corporate Benefits no later than

May 15th, 2025:

Email - lasdwellness@bsicorporate.com

Fax - 610.936.9975

In addition to the Preventive Health Screening, please ensure you and your enrolled spouse, if applicable, are registered for the HealthiestYou Telemedicine Benefit by May 15, 2025



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I _____ certify that I was
(Print Your Full Name)

seen by my physician on _____ to obtain
(Date)
my annual health screening.

X _____
Lehigh Area School District Employee/Spouse of Employee Signature

Physician's Full Name & Address (Please Print)

X _____
Physician's Signature and/or Office Stamp

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