



**Community Consolidated
School District 62**
Leon Smaage Administration Center
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www.d62.org

**WELLNESS ALTERNATIVE
QUALIFICATION FORM**

2025

Covers 1/1/25 through 12/12/25

Section 1: Employee

I do not wish to participate in the District 62 onsite Wellness Screening Program. I certify that I am currently receiving medical advice and direction from my own physician.

Employee First Name _____
Please print legibly

Employee Last Name _____
Please print legibly

Employee Signature _____

Section 2: Physician

I hereby certify that I have performed a full physical with blood screening and wellness screening on the above named employee of Community Consolidated School District 62. The screening should be completed between *January 1, 2025 and December 12, 2025.*

Date of examination _____

Physician _____

Address _____

City _____ State _____ Zip _____

Signed _____, M.D.

Physician Stamp (required below, or please state you do not have one)

This form must be completed and received in the D62 Human Resources Department no later than 4:00 p.m. on Friday, December 12, 2025. Failure to meet the deadline will result in non-compliance as an alternative to the District wellness screening/bargaining agreement process and insurance premiums will be adjusted accordingly.

IF FAXING THIS FORM, PLEASE USE (847) 789-8760