

WELLNESS INCENTIVE PROOF OF CANCER SCREENING

Dear Doctor or Health Care Provider:

My employer is sponsoring a Wellness Incentive program that I voluntarily opted to enroll in.

- I must provide verification that I completed a cancer screening. [between 7/1/2025 and 5/25/2026]

[Fecal Occult/**Cologuard**®/**Cologuard** Plus™ is not a sufficient screening type to meet the activity requirement and will not be accepted]

By signing this form, you acknowledge that a cancer screening procedure was completed for the below named patient.

PATIENT NAME *please print* : _____

DATE OF EXAM: _____ [must be between 7/1/2025 – 5/25/2026]

TYPE OF CANCER SCREENING: _____

[Fecal Occult/**Cologuard**®/**Cologuard** Plus™ is not a sufficient screening type to meet the activity requirement and will not be accepted]

EMPLOYER: **Chandler Unified School District #80**

Physician/Healthcare Provider Signature: _____

Date: _____ Phone Number: _____

Office Address: _____

City: _____ State: _____ Zip Code: _____

Stamp or Print above signed name: _____

CUSD EMPLOYEE INSTRUCTIONS:

Upload and attach this Wellness Incentive Proof of Cancer Screening (completed by your Medical Provider) as your **REQUIRED DOCUMENTATION** for your chosen cancer screening activity in lieu of actual lab results to your **25-26 Wellness Incentive Request**.

This form is not necessary to complete/submit if you are uploading actual Lab result files as your required documentation.