SHEBOYGAN AREA SCHOOL DISTRICT

marquee HEALTH

AGE/GENDER APPROPRIATE SCREENINGS

Take this form with you to your scheduled doctor's visit to be completed and signed by the attending physician. It is the participant's responsibility to submit this form to the Marquee Health Wellness Portal no later than **October 31, 2026.**

PATIENT CONTACT INFORMATION

Company Name: **Sheboygan Area School District** _____

First Name: _____ Last Name: _____

Date of Birth: _____ ☐ Male ☐ Female

Phone: _____ Email: _____

Select one: *I am the* ☐ Employee ☐ Spouse If spouse, please name employee:_____

PHYSICIAN INFORMATION

Physician Office/ Name: _____

Office Phone/ Address: _____

Date of Visit*: _____

(must be between **November 1, 2025 and **October 31, 2026**)*

PROVIDERS: Please indicate if the participant is up to date with the screenings below or indicate that the screening is not age appropriate.

AGE & GENDER APPROPRIATE SCREENINGS

WOMEN *(please check one)*

☐ Up to date with Breast Cancer Screening	or	☐ Breast Cancer Screening is Not Age Appropriate
☐ Up to date with Cervical Cancer Screening	or	☐ Cervical Cancer Screening is Not Age Appropriate
☐ Up to date with Colorectal Cancer Screening	or	☐ Colorectal Cancer Screening is Not Age Appropriate

MEN *(please check one)*

☐ Up to date with Prostate Screening	or	☐ Prostate Screening is Not Age Appropriate
☐ Up to date with Colorectal Cancer Screening	or	☐ Colorectal Cancer Screening is Not Age Appropriate

Physician

I certify the patient is up to date with the age/gender appropriate preventative screenings as of the Date Signed.

Physician Signature: _____ Date Signed: _____

Submit Your Completed Forms By October 31, 2026

All forms should be uploaded to your personal wellness account at **mymarqueehealth.com**. Submit your completed form in one (1) of the following ways:

- **Upload to Portal:** Click the **'Upload a Form'** button under **'Age and Gender Appropriate Exams'** on the **Rewards** page in your personal wellness account
- **Upload to Mobile App:** Take a photo of your form using your Smartphone, and upload to the MyWellPortal mobile app within the **'Age and Gender Appppropriate Exams'** on the **Rewards** page.

Once your form is uploaded you'll see points awarded to your account immediately for completing this activity.

For additional support, contact the Marquee Health team at info@mywellportal.com or call us at 800.822.2109