

# 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 an eligible cancer screening. [between 7/1/2026 and 5/17/2027]

[Skin Cancer screening, Mammogram, PAP/HPV (for her), Prostate/PSA (for him) or Colonoscopy\* (NOT Cologuard or Shield) completed within the eligible date range may be used to meet the cancer screening requirement]

[\*Blood test/ **Shield**™ & Fecal Occult/**Cologuard**®/**Cologuard** Plus™ are insufficient screening types to meet the activity requirement and will NOT be accepted]

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

PATIENT NAME *please print* : \_\_\_\_\_

DATE OF EXAM: \_\_\_\_\_ [must be between 7/1/2026 – 5/17/2027]

TYPE OF CANCER SCREENING: \_\_\_\_\_

[Skin Cancer screening, Mammogram, PAP/HPV (for her), Prostate/PSA (for him) or Colonoscopy\* (NOT Cologuard or Shield) completed within the eligible date range may be used to meet the cancer screening requirement]

[\*Blood test/ **Shield**™ & Fecal Occult/**Cologuard**®/**Cologuard** Plus™ are insufficient screening types to meet the activity requirement and will NOT be accepted]

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

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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 **26-27 Wellness Incentive Request**.

*~This form is not necessary to complete/submit if you are uploading actual appointment/exam details &/or Lab result files as your required documentation.*