

WELLNESS INCENTIVE PROOF OF PARTICIPATION

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 executed an Annual Physical Examination with my Primary Care Physician. [between 7/1/2026 and 5/17/2027]
- **The examination must include a full Lipid Panel and A1C.**

By signing this form, you acknowledge that an Annual Physical Examination was completed for the below named patient and included full Lipid Panel and A1C procedures.

PATIENT NAME *please print* : _____

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

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 Participation (completed by your Medical Provider) as your **REQUIRED DOCUMENTATION** for the Annual Physical Exam w/Lipid Panel & A1C activity in lieu of actual lab result files 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.