

# PHYSICIAN VERIFICATION FORM

Please use this form to obtain verification from your physician of completion of your annual wellness exam including biometric screening between May 1, 2026 – April 30, 2027. Complete the contact information and follow the directions provided below. Any information shared on this form with MissVIC associates will not be disclosed except in accordance with HIPAA laws.

**NOTE:** Little clinics and minute clinics do not qualify as Primary Care Visit completion. By completing this form, you are consenting to participate in the Wellness Initiative offered by MissVIC.

**\*Please reference THE FINE PRINT for full disclosure.**

## Patient Contact Information

School District

Name: EDWARDSVILLE COMMUNITY UNIT SCHOOL DISTRICT #7

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Previous Name (if changed in the last 12 months)

\_\_\_\_\_ Check one: Employee \_\_\_\_\_ Spouse \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

The annual wellness exam **MUST** have been completed between May 1, 2026 and April 30, 2027 in order to participate in the MissVIC Wellness Initiative. You must be enrolled in District 7 Health Insurance to participate.

This Form must be completed and provided back to the Benefits Specialist no later than **April 30, 2027**.

## Physician Information

Physician Office/  
Name: \_\_\_\_\_

Office Phone/Address: \_\_\_\_\_

The Wellness Initiative offered through MissVIC is not intended to treat, diagnose, or replace physician involvement, but rather to create and promote an atmosphere of healthy living and learning through the implementation of wellness initiatives.

This **Verification Form** confirms that the patient named above received the following preventative care between **May 1, 2026** and **April 30, 2027**. The primary care physician needs to complete the information below and return the completed form to the patient named above.

## Physician

I certify that the patient listed above received their routine annual exam on: \_\_\_\_/\_\_\_\_/\_\_\_\_

Physician Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

License #: \_\_\_\_\_

**RETURN FORM TO D7 CENTRAL OFFICE ATTN: STACY EHRMAN**

# THE FINE PRINT

The MissVIC wellness initiative is a voluntary wellness program available to all employees covered by the medical plan. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program, you will be asked to complete a Physician Verification Form. You are not required to participate in the blood test or other medical examinations. However, eligible employees who choose to participate in the wellness initiative will be entered into a gift card drawing at the end of the year for submitting the completed Physician Verification Form by April 30, 2027.

## PROTECTIONS FROM DISCLOSURE OF MEDICAL INFORMATION

We are required by law to maintain the privacy and security of your personally identifiable health information. MissVIC will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness initiative, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness initiative, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness initiative or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness initiative will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information are you and your primary care physician.

In addition, all medical information obtained through the wellness initiative will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness initiative will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness initiative, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness initiative, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Human Resources