

Optional Wellness Verification Form

Member Section (to be completed by employee)

Last Name	First Name	Date of Birth
Employee Last Name	Employee First Name	Employee ID #

- Patient is an employee of USD 259
 Patient is the spouse of a USD 259 employee

Medical Provider Section (to be completed by health care provider)

As a part of your patient's company-sponsored wellness initiative, they are encouraged to obtain regular preventative care with you annually. To validate the preventative care took place, we ask the treating physician (or a qualified staff member from your office) simply complete the form below. Your patient is then responsible for uploading to the benefit portal as explained below. Thank you for your time and assistance in promoting the wellbeing of our employees.

Preventative Care	Date Completed	Provider Signature
Annual Physical with Lab Work		
Colonoscopy / Fecal Testing		
Well Woman Pelvic Exam		
Mammogram		
Well Man Exam with PSA test		
Immunizations	Date Received	Provider Signature
Flu Vaccine		
Pneumonia		
TDaP		
Hep A		
Hep B		
Other:		

Vision Provider Section (to be completed by Optometrist)

	Date Received	Provider Signature
Annual Eye Exam		

Dental Provider Section (to be completed by Dental Provider)

	Date Completed	Date Completed	Dentist Signature
Routine Dental Cleaning(s)			



Attention Employee/Wellness Participant:

Please ensure that all boxes have been signed by your provider and that all information is legible. Return this completed form directly via **On-line Upload** on the bswift Benefits Portal www.usd259.bswift.com

- Log in to your user account on the Benefit Portal, click on the "MY PROFILE" and then select "Employee file" on the left hand side of the page. Choose "add wellness verification" then upload a copy of this completed form.