



PHYSICIAN FORM

PATIENT SECTION

- You may submit verification that your physical was taken between **12/1/2024 and 11/30/2025**
- Kimberly Mills must be in receipt of this form by November 30th 2025. **No forms after this date will be accepted.**
- Employees are responsible for turning in this physician form, it is **NOT** the responsibility of your health care provider.

By signing this Form, I authorize you to provide verification that I completed my annual physical requirements.

Patient Name: _____ Date of Birth: _____

Employee _____ Patient Phone Number: _____

Patient Signature: _____ Date: _____

PHYSICIAN SECTION

The School District of North Fond du Lac views the physician-patient relationship as an important part of our Wellness Program. Our employees enrolled in the medical plan, along with their spouses, have been asked to visit a primary care physician for an annual checkup. The wellness incentive plan offered through the School District of North Fond du Lac is not intended to treat, diagnose or replace physician involvement.

Annual Physical Guidelines:

- Today's visit should be coded as an annual physical/preventive exam.
- For coding verification, reference the medical carrier's Preventive Health Care Guide. Please call number on the back of the member ID card for further questions.

Please perform the following preventive tests and measurements:

- Full cholesterol panel, glucose (or A1c) and triglycerides
- Blood pressure
- Height, weight and waist circumference
- Other preventive tests may be completed as deemed appropriate for the member.

I certify that _____ has had their annual physical on _____.
Patient Name Date of Physical

Physician/Health Provider: _____
Print Name Phone Number

Physician/Health Provider Signature: _____
Date

USE OF THIS FORM IS MANDATORY: NO SUBSTITUTIONS WILL BE ACCEPTED.

[Turn in completed forms to Kimberly Mills](#)