



USD 434 Preventative Health Care Wellness Check Statement

I _____,

(Printed Name)

have completed the following preventative health check for the 2021-2022 school year to fulfill my requirement for the Level 2 Incentive for the Santa Fe Trail School District's Wellness Program. **Note: Preventative exams must be completed after 07/01/2021**

- Well-Woman/Man Exam
- Dental Exam
- Eye Exam
- Colonoscopy
- Mammogram
- Other _____

(NOTE: Flu shots and other vaccinations recommended by your medical provider are encouraged but alone do *not* count as a preventative exam)

Signature

Date

Health Care Provider Statement:

I confirm that on this date _____, 20____ that the above listed individual did receive the above preventative health care.

Signature

Date

Address: _____

Phone: _____
