



PREVENTIVE CARE EXAM VERIFICATION FORM

For exams completed between
January 1, 2024-December 31, 2024

INSTRUCTIONS TO EMPLOYEE:

Please print this form and bring it to your physician when you have your annual age-appropriate preventative care exam and medical screenings. Once your physician has completed this form, please forward it to Kristy Synnott in the Human Resources Office no later than January 10, 2025. **Employees who submit their form by 1/10/2025, will receive a 1% discount toward their cost share premium for the 2025-2026 fiscal year.**

Employee's Authorization to Release Personal Health Information

Dear Doctor:

My employer, Stafford Public Schools, sponsors a voluntary health and wellness program in which I have chosen to participate. The program focuses on preventive care and provides an incentive for employees who receive their annual age-appropriate preventive care and medical screenings. I must verify that I had a preventive care exam between **January 1, 2024 and December 31, 2024**.

I hereby authorize _____ to disclose the personal health
(Name of Health Care Provider)

information below to my employer's program administrator: Christine Marinelli, Director of Human Resources, Stafford Public Schools, 16 Levinthal Run, Stafford Springs, CT 06076.

Employee's Signature

Print Name of Employee

Date

Physician's Verification of Preventive Physical Examination Visit

This patient visited my office on the date indicated below for their annual preventive care and medical screenings that I deemed appropriate for this patient based on their age, gender and medical history.

Physician's Signature

Print Name of Physician

Date of Exam

Please include the address of practice, business card or practice stamp.