



**Community Consolidated
School District 62**
Leon Smaage Administration Center
777 East Algonquin Road
Des Plaines, Illinois 60016-6281
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www.d62.org

**ALTERNATIVE QUALIFICATION FORM
Wellness 2018**

Employee/ complete:

I do not wish to participate in the District 62 onsite Wellness Screening Program. I certify that I am currently receiving medical advice and direction from my own physician.

Please print legibly:

First Name _____

Last Name _____

Signature _____

Physician/complete:

I hereby certify that I have performed a full physical with blood screening/wellness screening on the above named employee of Community Consolidated School District 62. The screening needs to be completed between **January 1, 2018 and December 14, 2018**.

Date of examination _____

Physician _____

Address _____

City _____ State _____ Zip _____

Signed _____, M.D.

Physician Stamp (required below or please state you do not have one)

This form must be completed and turned into the Human Resources office no later than December 14, 2018 by 4 pm. Failure to meet the deadline will result in non-compliance as an alternative to the District wellness screening/bargaining agreement process and insurance premiums will be adjusted accordingly.