



**Community Consolidated  
School District 62**  
Leon Smaage Administration Center  
777 East Algonquin Road  
Des Plaines, Illinois 60016-6281  
T 847-824-1136 ✦ F 847-824-0612  
www.d62.org

**ALTERNATIVE QUALIFICATION FORM  
Wellness 2019**

**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, 2019 and December 13, 2019**.

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 13, 2019 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.