



Community Consolidated  
School District 62  
Dr. Floyd E. Williams, Jr., *Superintendent*  
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d62.org

## ALTERNATIVE QUALIFICATION FORM Wellness 2017

**Employee/ complete:**

This form is to signify my desire not 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, 2017 and December 15, 2017*.

Date of examination \_\_\_\_\_

Physician \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signed \_\_\_\_\_, M.D.

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

Staff please note: This form must be completed and turned into the Human Resources office no later than December 15, 2017 by 4 pm. Copies of form faxed to D62 Administration office will not be accepted.

Failure to meet the deadline will result in non-compliance as an alternative to the District wellness screening/bargaining agreement process and premiums will be adjusted accordingly.