

CHARTING A COURSE OF WELLNESS

St. Francis School District



Wellness Visit Confirmation Form

Last Name: _____ First Name: _____

School: _____

Date: _____

Physician Visit

Weight _____

Height _____

Waist Circumference _____

Blood Pressure _____ / _____

LDL Cholesterol _____ HDL Cholesterol _____

Total Cholesterol _____

Fasting Blood Sugar _____

Please take this form with you to the doctor and fill out completely. Keep this form for your files. Your doctor may want a copy for his/her files, also. THIS PAGE IS FOR YOUR RECORDS ONLY. DO NOT SUBMIT THIS PAGE TO THE DISTRICT OFFICE.

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I have completed my physician visit and biometrics. I have discussed my risk factors and possible solutions with my physician.

Patient's Signature Patient's Name (Print) Date

Physician's Signature Physician's Name (Print) Date

I feel that biometric testing is not necessary at this time or not advisable due health issues.

Physician's Signature Physician's Name (Print) Date

SUBMIT THIS PAGE ONLY BY THE REQUIRED DEADLINE TO:

**LISA JAROSH, DISTRICT SECRETARY
ST. FRANCIS SCHOOL DISTRICT
4225 South Lake Drive
St. Francis, WI 53235
Phone: (414) 747-3901
Fax: (414) 482-7198
E-Mail: ljarosh@sfsd.k12.wi.us**

DEADLINE REQUIREMENTS:

- | | |
|----------------|--|
| 12-Month Staff | On or before June 1 st annually |
| 10-Month Staff | On or before August 1 st annually |
| New Staff | Three (3) months from start date |

Staff members missing this deadline requirement will be subject to a 18% contribution rate.