



**2018-2019 Healthcare Provider Verification**

The mission of Well Ona Way: To build a culture of wellness.

We are a district in which people care for themselves, care about each other and model healthy choices for our students.

**DISTRICT EMPLOYEES:**

This form must be completed between May 19, 2018 and May 17, 2019. One form must be submitted for each individual.

**HEALTH CARE PROVIDERS:**

Please sign and complete this form, indicating if the individual is or will be current with all age/gender appropriate screenings for the time period of May 19, 2018 through May 17, 2019.

**If the individual is not 100% current on all age/gender appropriate screenings, please do not sign and submit until he/she is current.**

District Employee Name (Print): \_\_\_\_\_ Date of Exam: \_\_\_\_\_

*I certify that the above individual is up to date on all age/gender appropriate screenings as of May 17, 2019.*

Primary Care Provider Name (Print): \_\_\_\_\_

Signed: \_\_\_\_\_ Date signed: \_\_\_\_\_

Provider Location and contact information: \_\_\_\_\_

**\*\*chiropractor care or pre-employment physical are not accepted for the healthcare provider verification.**

**Please return signed form when requirements are completed, but no later than  
May 17, 2019 to:**

School District of Onalaska Attn: Well Ona Way!  
237 Second Ave South Onalaska, WI 54650  
fax: 608.781.9712