



2020-2021 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 15, 2020 and May 14, 2021. 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 15, 2020 through May 14, 2021.

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 14, 2021.

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 14, 2021 to:**

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