



CLEVELAND
METROPOLITAN
SCHOOL DISTRICT

Physician Certification Form

The Cleveland Metropolitan School District has established a wellness incentive for eligible participants that complete certain activities.

To qualify the member must submit this physician certification of having completed the listed activities. **Please note: The actual results, diagnoses and/or any other details of any testing or assessment are not to be included.**

Patient First Name	Patient Last Name	Patient Date of Birth
CMUSD Employee First Name	CMUSD Employee Last Name	CMUSD Employee Date of Birth
Certifying Physician Name		
1) The patient named above has completed a screening on or after 11/1/2017 that included the following at a minimum: <ul style="list-style-type: none"> • Cholesterol screening • Glucose screening • Blood Pressure screening • Body Mass Index (BMI) 		Yes _____ No _____
2) The patient named above completed and submitted the CMUSD Physician Health Risk Assessment to me on or after 11/1/2017.		Yes _____ No _____

Physician / Physician Assistant / Nurse Practitioner Signature

Date

Send a copy of this completed and signed form for processing to:

Via Email: CMSDHRA@Hylant.com	Via Mail: Hylant Attn: CMUSD HRA 6000 Freedom Square Dr Ste 400 Cleveland, OH 44131
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