



Physician Certification Form

The Cleveland Metropolitan School District has established a wellness incentive for eligible participants that complete certain activities. This form must be uploaded to your PeopleOne Health wellness portal by **October 31, 2024**. Note: If you are a new hire, you have 60 days from the start of your benefits to upload this form.

To qualify the employee and covered spouse, if the spouse is covered as primary under a CMSD health plan, must submit an annual 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 with this form.**

Please submit employee and spousal form separately under own unique wellness portal login. If spouse of CMSD employee, please specify your spouses name below.

All highlighted fields must be completed below.

Patient First Name	Patient Last Name	Patient Date of Birth
Policy Holder First Name <small>(if different from above)</small>	Policy Holder Last Name <small>(if different from above)</small>	Policy Holder Date of Birth
CMSD Employee ID Number		
Certifying Physician Name		
1) The patient named above has completed a screening during the period of 11/1/2023-10/31/2024 that, at a minimum, include the following: <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 CMSD Physician Health Risk Assessment to me during the period of: 11/1/2023-10/31/2024.		Yes _____ No _____

Physician/Physician Assistant/Nurse Practitioner Signature	Date
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