July 2026

CLEVELAND METROPOLITAN SCHOOL DISTRICT



# Did You Know...

## Your wellness platform vendor has offically changed to Cincy HealthWorks!

INTEGRATED HEALTH 21 | HealthWorks Central Division

We are very excited about this transition and believe this process will be even smoother than in prior years.

## Quick Reminder

You'll follow the same simple process as before when it comes to downloading the form, and bringing it to your preventive care visit for signature. The only difference is a new and improved wellness portal!

The updated wellness form that reflects our new vendor, Healthworks, can be found on the website. Please make sure you use that form moving forward, and not old forms you may have saved to your computer from prior years.

We've also made enhancements so now upon submission, your wellness credit should be reflected in Workday sooner!

## What Should I Do Now?

- If you already submitted your form to PeopleOne for 2027 and your credit appears in Workday for next year, then you're good to go!
- If you haven't competed a preventive exam yet between 11/1/25-10/31/26, make sure you get your physical and qualifying preventive care exams in order to receive a discount off your insurance premiums in 2027! Forms are due to the Healthworks portal by 10/31/26.

**How to Sign up for Healthworks Portal:**

- Go to myHealthWorksportal.com
- If you haven't already, click 'Sign up now' & create an account (Note: input your name as it appears on your drivers license)
- A verification code will be sent to the email you provide
- After your account has been verified, you will be prompted to enter your company's ACCESS CODE: 69BTP

***Instructions on how to submit your form to the portal can be found on the first page of the wellness form



# ANNUAL PHYSICAL VERIFICATION FORM INSTRUCTIONS

Thank you for choosing to participate in the wellness program being offered through Cleveland Metropolitan School District. Your doctor will need to sign this VERIFICATION form so that you will receive credit.

- This form is for appointments between **11/1/2025-10/31/2026**
- Take the Annual Physical Verification Form to your Primary Care Physician for your annual visit by **10/31/2026**.
- Ask your Primary Care Physician to complete the form.
- Follow instructions at the bottom of the form to submit for credit.
- HealthWorks will record that you have completed your annual visit. Please allow 3 business days for the processing of your form.
- Your employer will receive confirmation that you have completed this portion of your wellness program

Thank you,
The IH21/HW Central Division Team

Please allow 3 business days for processing of forms.
**Questions? Call 513-751-1288**

INTEGRATED HEALTH 21 | HealthWorks Central Division

# ANNUAL PHYSICAL VERIFICATION FORM

**Cleveland Metropolitan School District**

**Form for appointments between 11/1/2025-10/31/2026 will be accepted if submitted NO LATER THAN 10/31/2026**

## PERSONAL INFORMATION

**Full Name** :

**Date Of Birth** : _____/_____/_____

**Home Address** : _____

**Phone Number** : _____ **E-Mail** : _____

☐ I am an employee

☐ I am a spouse of an employee. Complete Policy Holder Info:

Policy Holder First Name: _____

Policy Holder Last Name: _____

Policy Holder Date of Birth: _____

## PHYSICIAN VERIFICATION

This form is to verify an annual physical/well-check visit for a wellness program offered through the patient's employer.

The patient named above has completed a screening during the period of 11/1/2025-10/31/2026 that, at a minimum, included the following:

- Cholesterol Screening
- Glucose Screening
- Blood Pressure Screening
- Body Mass Index (BMI)

☐ Yes ☐ No

I, _____ (Provider Name), conducted an annual physical/well-check office visit and received the paper Health Risk Assessment for the patient listed above. This visit was completed on _____ (Date).

**Provider Signature** : _____ **Date** : _____

**To receive credit, upload this form to your personal dashboard:**

- Login at myHealthWorksportal.com
- On your Wellness Checklist, click Annual Physical Verification
- Use "Click Here to Upload a Document for Review" to upload your form
- Choose a file and click ok (any file type permitted: PDF, screenshot, Word doc)
- A "Document Uploaded Successfully" box appears once uploaded
- Please allow 3 business days for processing of forms

Please allow 3 business days for processing of forms

**Questions? Call 513-751-1288**

INTEGRATED HEALTH 21 | HealthWorks Central Division

# Health Risk Assessment

**DO NOT SUBMIT THIS FORM TO ANYONE OTHER THAN YOUR HEALTHCARE PROVIDER**

CLEVELAND METROPOLITAN SCHOOL DISTRICT

## Physician Health Risk Assessment

This Health Risk Assessment should be completed and shared with your physician. Your physician will need to certify completion of this Health Risk Assessment for qualification of wellness premium incentives.

| | |
|---|---|
| **Name** | |
| Date of Birth | Date of HRA Completion |
| In the past 7 days, how many days did you exercise? | Days |
| On the days when you exercised, for how long did you exercise (in minutes)? | Minutes |
| How intense was your typical exercise?<br>❒ Light (like stretching or slow walking) ❒ Moderate (like brisk walking)<br>❒ Heavy (like jogging or swimming) ❒ Very heavy (like fast running or stair climbing)<br>❒ I am currently not exercising | |
| In the last 30 days, have you used tobacco?<br>Smoked Tobacco Product: ❒ Yes❒ No<br>Smokeless Tobacco Product: ❒ Yes ❒ No | If yes to either, would you be interested in a tobacco cessation plan? ❒ Yes ❒ No |
| In the past 7 days, on how many days did you drink alcohol? | Days |
| On days when you drank alcohol, how often did you have 3 or more for men, 2 or more for women alcoholic drinks on one occasion?<br>❒ Never ❒ Once during the week ❒ 2-3 times during the week<br>❒ More than 3 times during the week | |
| In the past 7 days, how many servings of fruits and vegetables did you typically eat each day? (1 serving = 1 cup of fresh vegetables, ½ cup of cooked vegetables, or 1 medium piece of fruit. 1 cup = size of a baseball.) | Servings |
| In the past 7 days, how many servings of high fiber or whole grain foods did you typically eat each day? (1 serving = 1 slice of 100% whole wheat bread, 1 cup of whole-grain or high-fiber ready-to-eat cereal, ½ cup of cooked cereal such as oatmeal, or ½ cup of cooked brown rice or whole wheat pasta.) | Servings |
| In the past 7 days, how many servings of fried or high-fat foods did you typically eat each day? (Examples include fried chicken, fried fish, bacon, French fries, potato chips, corn chips, doughnuts, | Servings |

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# Health Risk Assessment

| | |
|---|---|
| creamy salad dressings, and foods made with whole milk, cream, cheese, or mayonnaise.) | |
| In the past 7 days, how many sugar-sweetened (not diet) beverages did you typically consume *each day*? | Servings |
| Do you always fasten your seat belt when you are in the car?<br>❒ Yes ❒ No | |
| In the past 2 weeks, how often have you felt down, depressed, or hopeless?<br>❒ Almost all of the time ❒ Most of the time ❒ Some of the time ❒ Almost never | |
| In the past 2 weeks, how often have you felt little interest or pleasure in doing things?<br>❒ Almost all of the time ❒ Most of the time ❒ Some of the time ❒ Almost never | |
| Have your feelings caused you distress or interfered with your ability to get along socially with family or friends?<br>❒ Yes ❒ No | |
| In the past 2 weeks, how often have you felt nervous, anxious, or on edge?<br>❒ Almost all of the time ❒ Most of the time ❒ Some of the time ❒ Almost never | |
| In the past 2 weeks, how often were you not able to stop worrying or control you're worrying?<br>❒ Almost all of the time ❒ Most of the time ❒ Some of the time ❒ Almost never | |
| How often is stress a problem for you in handling such things as:<br>Your health: ❒ Never or rarely ❒ Sometimes ❒ Often ❒<br>Always Your finances: ❒ Never or rarely ❒ Sometimes ❒ Often<br>❒ Always<br>Family/Social: ❒ Never or rarely ❒ Sometimes ❒ Often ❒<br>Always<br>Work: ❒ Never or rarely ❒ Sometimes ❒ Often ❒ Always | |
| How often do you get the social and emotional support you need:<br>❒ Always ❒ Usually ❒ Sometimes ❒ Rarely ❒ Never | |
| In the past 7 days, how much pain have you felt?<br>❒ None ❒ Some ❒ A lot | |
| In general, would you say your health is<br>❒ Excellent ❒ Very good ❒ Good ❒ Fair ❒ Poor | |
| In general, would you say your dental health is<br>❒ Excellent ❒ Very good ❒ Good ❒ Fair ❒ Poor | |
| On average, how many hours of sleep do you get per night? | Hours |
| Do you snore or has anyone told you that you snore?<br>❒ Yes ❒ No | |
| In the past 7 days, how often have you felt sleepy during the daytime?<br>❒ Always ❒ Usually ❒ Sometimes ❒ Rarely ❒ Never | |

*DO NOT RETURN HEALTH RISK ASSESSMENT TO HEALTHWORKS. ONLY RETURN PHYSICIAN CERTIFICATION FORM.

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