

# AGE/GENDER APPROPRIATE SCREENINGS

Take this form with you to your scheduled doctor's visit to be completed and signed by the attending physician. It is the participant's responsibility to submit this form to the Wellworks For You Portal no later than **October 31, 2024**.

## PATIENT CONTACT INFORMATION

COMPANY NAME: Sheboygan Area School District

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_  MALE  FEMALE

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

SELECT ONE: I am the  Employee  Spouse *If spouse, please name employee: \_\_\_\_\_*

## PHYSICIAN INFORMATION

PHYSICIAN OFFICE/NAME: \_\_\_\_\_

OFFICE PHONE/ADDRESS: \_\_\_\_\_

DATE OF VISIT: \_\_\_\_\_

This Age/Gender Appropriate Screenings confirms that the patient named above received the following preventative care between **November 1, 2023** and **October 31, 2024**. Age and Gender Appropriate Screenings: Please indicate if the participant is compliant with the age and gender appropriate screenings listed. The participant is considered compliant if the screening is not applicable:

### AGE AND GENDER APPROPRIATE SCREENINGS

#### WOMEN

- Breast Cancer Screening or  Compliant
- Cervical Cancer Screening or  Compliant
- Colorectal Cancer Screening or  Compliant

#### MEN

- Prostate Cancer Screening or  Compliant
- Colorectal Cancer Screening or  Compliant

## Physician

I certify that the patient listed above received the tests indicated on this form on: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

## SUBMIT YOUR COMPLETED FORMS BY OCTOBER 31, 2024

All forms should be submitted to the Wellworks Forms Department. Submit your completed forms in one (1) of the following ways.

- Upload to Portal:** Click the **Upload a Form** tile from the homepage or via the menu page, select the event title from the dropdown and upload your form to the portal. This will be securely emailed for processing. Users are limited to **one (1)** file per email.
- Upload to Mobile App:** Take a photo of your form using your Smartphone, and upload it to the Wellworks For You Mobile App via the **Contact Us/Send a Form** tab.

**PLEASE NOTE:** Wellworks For You requires at least **seven (7)** to **ten (10)** business days for processing and participation to be updated in the Wellness Portal.