



410 S Commercial Street • Neenah, Wisconsin 54956 • Tel: (920) 6800 • Fax: (920) 751-6809

Employee/Spouse Name: _____

*Please know that the individual named above saw me on (date:) _____
and I performed the following service:*

- Biometric data collection
- Annual PCP visit / check-up
- Age Appropriate Preventative Exam

Billing and/or transmission of results from this service has been or will be reported to the appropriate health insurer per their instructions.

Name of Medical Professional: _____

Signature of Medical Professional: _____

Date of Signature: _____

This form is for the use of the employee. It must be uploaded to the employee's (or spouse, as applicable) Navigate portal. Navigate is the District's own wellness site and the tracking mechanism it uses to ensure that people have completed requirements for lower, wellness health insurance premiums. This form can be used to substantiate all three services above - it just needs to be uploaded separately to the appropriate Navigate for each box that is checked above.