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 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 together for the most expedited processing.

Patient First Name	Patient Last Name	Patient Date of Birth
CMSD Employee First Name	CMSD Employee Last Name	CMSD Employee Date of Birth
Certifying Physician Name		

1) The patient named above has completed a screening on or after 11/1/2021 that included the following at a minimum: • 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 on or after 11/1/2021.	Yes _____ No _____

_____ _____

Physician / Physician Assistant / Nurse Practitioner Signature Date

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

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