NJSD Healthcare Provider
Biometric Screening Verification Form

Participant Name: _____

Status (circle one): Employee Retiree Spouse

Date of Birth: _____

Participant Phone Number: _____

Provider Facility Name and Phone Number: _____

I verify that I _____ completed my
(Print Your Name Here)

biometric screening (biometrics and full lipid panel plus glucose) on _____ .
(Date of Visit)

_____
Participant Signature Date

_____
Healthcare Provider (Print)

_____
Healthcare Provider Signature Date

Return Completed form by 2/14/18 to:

Neenah Joint School District Human Resources
Jen Carstens
410 South Commercial St.
Neenah, WI 54956

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NEENAH
Joint School District