Preventive Care Provider Confirmation

Dear Health Care Provider,

I want to keep myself as healthy as I can. I know that preventive care is a big part of staying healthy and being up to date with my age and gender appropriate exams is one of these goals.

Please discuss my preventive care plan with me and ensure that I am up-to-date on preventive care screening tests, exams and immunizations. Please also discuss lifestyle changes that will improve my health and prevent disease.

HEALTH CARE PROVIDER ACKNOWLEDGEMENT

I hereby acknowledge that the undersigned patient is up-to-date with recommended preventive care included, but not limited to, glucose; BMI; blood lipids; breast, cervical and colon cancer screenings; general health risk status and screenings as age and gender appropriate.

_____ _____

Health Care Provider (Print Name) **Date of Patient's Exam**

_____

Health Care Provider Signature

_____ _____

License Number **Phone Number**

Date Signed_____

_____ _____

Patient Name (Please Print) Patient Signature

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Employee Name (IF different then above)

INSTRUCTIONS: The exam date must be between January 1, 2026 and December 11, 2026 Upon obtaining your health care provider's signature, for confidentiality purposes please sign and forward this form to Deb Armbruster (deb.armbruster@chardonschools.org) The validity of this signature may be verified for authenticity. Falsification of information may be subject to disciplinary actions.