

St. Johns County School District

Spring 2024 Districtwell Program Activity Verification Form

NOTICE TO PATIENT

Please fill out the top portion of this form and take it with you when you complete your preventive screening/exam or qualifying wellness activity. This activity **must** occur between January 1, 2024 and April 30, 2024 to count towards the Spring 2024 Districtwell Program activities. **Once completed by your provider, it is YOUR responsibility to submit this form to the contact information below.** BY COMPLETING THIS FORM AND SUBMITTING IT TO MARATHON HEALTH, YOU CONSENT TO THE DISCLOSURE BY MARATHON HEALTH TO ST JOHNS COUNTY SCHOOL DISTRICT THAT YOU HAVE COMPLETED THE ACTIVITIES DESCRIBED BELOW. You may revoke your consent to this disclosure at any time by sending us a notice in writing. Your revocation will not apply to information already disclosed by Marathon Health pursuant to this verification form.

TODAY'S DATE

PATIENT NAME (Please Print Clearly)

DATE OF BIRTH

EMPLOYEE NUMBER

NOTICE TO PROVIDER

Your patient has an opportunity to complete preventive screenings/exams or other health and wellness activities as a part of their employer or group health plan's wellness incentive program. Please complete the section below to verify that you have provided services to this patient.

Spring 2024 Districtwell Program Qualifying Activities

Preventative Activity	Activity Date	Provider Signature or Stamp
Colonoscopy		
Dental Exam		
Flu Shot		
Mammogram		
Prostate Exam		
Vision Exam		
Preventive Vision Exam		
Well-Woman Exam		
Wellbeing Activity	Activity Date	Signature of Verification
Volunteer in the Community		

DEADLINES: Please email or fax this form to Marathon Health using the information below. You must submit this form no later than April 30, 2024.

Marathon Health

F: 802.419.9688

E: wellness@marathon-health.com

