

## **West Shore School District**

## **Physical Certification Form**

I	certify that I was seen by my physician on
to obtain an annual physical.	certify that I was seen by my physician on
<b>Employee Name (if physica</b>	ll is for spouse)
Dationt Cianatura	<u> </u>
Patient Signature	
	<u> </u>
Physician Signature	
School District Use Only:	
Confirm HRA has been com	nleted: Ves or No
Deposit Wellness Dollars int	o employee HSA Account:
Date Deposited	Amount