

Filer School District  
301 Highway 30  
Filer, ID 83328

Preventative Health Personal Free Day

Employee Name: \_\_\_\_\_

Date of PH Visit: \_\_\_\_\_

Name of Primary Care Physician: \_\_\_\_\_

Signature of Primary Care Physician: \_\_\_\_\_

\*\*\* Please be sure to have your primary care physician complete this form stating you were seen for an annual preventative health visit. The District Office MUST have your doctor's form BEFORE your preventative health absence will be approved.