



*Creating a culture of health*

**CITY OF HIGHLAND PARK  
City Manager's Office  
Human Resources Division  
1707 St. Johns Avenue  
Highland Park, IL 60035**

**Health Plan Documentation**

**Certificate of Completion – Milestone Preventative Screens**

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**Employee Name:** \_\_\_\_\_  
*Please Print*

**Patient Name/Relationship** *(if not employee):* \_\_\_\_\_

**Physician Name:** \_\_\_\_\_  
*Please Print*

**Physician Address:** \_\_\_\_\_  
*Street*

\_\_\_\_\_  
*City, State, Zip*

**Date of Exam:** \_\_\_\_\_

Type of Screen: Aortic Aneurysm: _____ Breast Cancer: _____ Cervical Cancer: _____ Colorectal Cancer: _____ Osteoporosis: _____ Dermatologist: _____
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**Physician Signature:** \_\_\_\_\_

**Submitted by:** \_\_\_\_\_

**Dated:** \_\_\_\_\_

*Employee Signature* \_\_\_\_\_