



Physician Results Form

Jackson County Employees

Print Name _____ Date of Birth _____

Jackson County employees and spouses participating in Reward Your Health who wish to complete the health screen requirement at a physician's office must fax this form to *It's Your Life* at (517) 205-5941 by **March 31, 2019**. Forms received after the deadline will not be eligible for incentives.

Measurements must be completed after **January 1, 2018** to qualify. Measurements or lab values completed prior to this date will not meet criteria for health screen requirements. **Please have your physician's office indicate the value and date of service below.**

<u>Resting Blood Pressure Measurement</u>		<u>Date of Service:</u>
Systolic _____ mmHg		
Diastolic _____ mmHg		
<u>Height and Weight Measurements (please indicate units)</u>		<u>Date of Service:</u>
Height (without shoes) _____ inches/meters		
Weight (without shoes) _____ lbs/kgs		
<u>Labs</u>		
Lipid panel and Glucose tests must be FASTING measurements.		
	Result (Value and Units)	Date of Service
Total Cholesterol		
HDL Cholesterol		
LDL Cholesterol		
Triglycerides		
Glucose OR HbA1c		

**Your physician's office may require you to sign a waiver releasing information to Henry Ford Allegiance Health Prevention & Community Health. All personal health information provided will remain confidential and secure.*

Physician name: _____ Physician Signature: _____

Henry Ford Allegiance Prevention & Community Health
One Jackson Square, 9th floor
Jackson, MI 49201
Phone: (517) 205-7495, Fax: (517) 205-5941