



Physician Results Form

Apollo Express

Print Name _____ Date of Birth _____

Apollo Express is offering the It's Your Life health management program to employees. The following health screen information must be submitted to the It's Your Life office by March 1, 2019 for program participation.

Measurements must be completed March 1, 2018 or later 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 services below.

Table with 3 columns: Measurement Type, Result (value and units), Date of Service. Rows include Blood Pressure (Systolic, Diastolic), Height and Weight (Height, Weight), and Labs (FASTING measurements of the following) (Total Cholesterol, HDL Cholesterol, LDL Cholesterol, Triglycerides, Glucose).

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

Physician name _____ Physician Signature _____

Completed forms may be returned by fax or mail to: Henry Ford Allegiance Prevention and Community Health, 100 E. Michigan Ave, Suite 900, Jackson, MI 49201, Phone: (517) 205-7495, Fax: (517) 205-5941