



HENRY FORD
ALLEGIANCE HEALTH



Physician Health Screen Form

City of Jackson

Participant Name _____ Date of Birth _____

The City of Jackson is offering the *It's Your Life* health management program to select employees. Participants should complete a preventive care visit including the following health screen components at their physician's office and submit this form to fulfill requirements by the **deadline of March 31, 2018 to qualify for the 2018 program.**

Measurements must be completed after **April 1, 2017 to qualify for the 2018 program.** 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.

Preventive Care Visit Date: _____

Resting Blood Pressure Measurement

Date: _____

Systolic _____ mmHg

Diastolic _____ mmHg

Height and Weight Measurements (please indicate units)

Date: _____

Height (without shoes) _____ inches/meters

Weight (without shoes) _____ lbs/kgs

Labs

Lab requirements for the health screen include FASTING measurements of ALL of the following items:

	Date of test	Result (value and units)
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 Department of 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
One Jackson Square, 9th floor
Jackson, MI 49201
Phone: (517) 205-7495, Fax: (517) 205-5941**