



It's Your
LIFE

Physician Health Screen Form

Print Name _____ Date of Birth _____

The City of Chelsea is offering the *It's Your Life* health management program to staff. Staff who wish to complete the health screen at their physician's office may submit this form to fulfill their health screen requirements by the deadline of **September 1, 2017**.

Measurements must be completed after **June 1, 2017** to qualify. Measurements or lab values completed prior to this date will not meet criteria for health screen requirements.

	Result (value and units)	Date of Service
Blood Pressure		
Systolic		
Diastolic		
Height and Weight		
Height (without shoes)		
Weight (without shoes)		
Labs (FASTING measurements of the following)		
Total Cholesterol		
HDL Cholesterol		
LDL Cholesterol		
Triglycerides		
Glucose		

Please have your physician's office indicate the value and date of services below.

**Your physician's office may require you to sign a waiver releasing information to Allegiance Health's 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