



Physician Health Screen Form

Great Lakes Industry

Print Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Great Lakes Industry is offering the It's Your Life health management program. Staff and spouses who wish to complete the health screen at their physician's office may submit this form by the deadline of February 1, 2018 to fulfill their health screen requirements.

Measurements must be completed October 1, 2017 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 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>	
Height (without shoes) _____ inches/meters	_____
Weight (without shoes) _____ lbs/kgs	_____
<b>Labs – Not required for 2018 It's Your Life Program unless new participant</b>	

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

HFAH Prevention and Community Health
One Jackson Square, 9th floor
Jackson, MI 49201
Phone: (517) 205-7495, Fax: (517) 205-5941