

Physician Health Screen Form

Jackson College

Print Name _____ Date of Birth _____

Jackson College is offering the *It's Your Life* health management program to employees. Those who wish to complete the health screen at their physician's office may submit this form by the deadline of **September 30, 2017** to fulfill their health screen requirements.

Measurements must be completed **March 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.

**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.*

	Result	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		

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
Fax: (517) 205-5941 Phone: (517) 205-7495,**