



Physician Results Form

Jackson County Employees

Print Name _____ Date of Birth _____

Jackson County employees and spouses participating in Reward Your Health who wish to complete the health screen requirement at a physician's office must fax this form to *It's Your Life* at (517) 205-5941 by **March 31, 2018**. Forms received after the deadline will not be eligible for incentives.

Measurements must be completed after **January 1, 2017** 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> | | <u>Date of Service:</u> |
| Height (without shoes) _____ inches/meters | | |
| Weight (without shoes) _____ lbs/kgs | | |
| <u>Labs</u> | | |
| Lipid panel and Glucose tests must be FASTING measurements. | | |
| | Result (Value and Units) | Date of Service |
| Total Cholesterol | | |
| HDL Cholesterol | | |
| LDL Cholesterol | | |
| Triglycerides | | |
| Glucose OR HbA1c | | |

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

Physician name: _____ Physician Signature: _____

Henry Ford Allegiance Prevention & Community Health
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