



Physician Health Screen Form

R.W. Mercer Co.

Print Name _____ Date of Birth _____

R.W. Mercer Co. is offering the *It's Your Life* health management program to employees. The following health screen information must be **submitted to the *It's Your Life* office by March 31, 2018** for program participation.

Measurements must be **completed April 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 services below.

	Result (value and units)	Date of Service
Blood Pressure		
Systolic		
Diastolic		
Height and Weight		
Height		
Weight		
Labs (FASTING measurements of the following)		
Total Cholesterol		
HDL Cholesterol		
LDL Cholesterol		
Triglycerides		
Glucose		

**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) 205-7305, Fax: (517) 205-5941