



Participant name _____

Participant Date of Birth _____

PHYSICIAN HEALTH SCREEN FORM

Jackson Community College is offering the **It's Your Life** Health Management Program to employees for 2009. Employees should complete these health screen components at their physician's office and submit this form to fulfill requirements by the **deadline of September 11, 2009 to qualify for the 2009 program.**

Measurements must be completed **after March 1, 2009 to qualify for the 2009 program.** No measurements or lab values completed prior to this date will meet criteria for health screen requirements.

Please have your physician's office indicate the values and dates of service below.

<u>Resting Blood Pressure Measurement</u>		Date:
Systolic _____ mmHg		
Diastolic _____ mmHg		
<u>Height and Weight Measurements (please indicate units)</u>		Date:
Height (without shoes) _____ inches/meters		
Weight (without shoes) _____ lbs/kgs		
<u>Labs</u>		
Lab requirements for the health screen include FASTING measurements of the following items:		
Result (value and units)	Date of test	
Total Cholesterol		
LDL Cholesterol		
HDL Cholesterol		
Triglycerides		
Glucose (optional)		

*Your physician's office may require you to sign a waiver releasing information to the 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:

Alliance Prevention and Community Health
One Jackson Square, 9th floor
Jackson, MI 49201
Phone: (517) 780-7306, Fax: (517) 789-5941