

## Physician Results Form

### City of Jackson

Participant Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

The City of Jackson is offering the *It's Your Life* health management program to select employees. Participants should complete a preventive care visit including the following health screen components at their physician's office and submit this form to fulfill requirements by the **deadline of March 31, 2021 to qualify for the 2021 program.**

Measurements must be completed after **April 1, 2020 to qualify for the 2021 program.** 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.***

Preventive Care Visit Date: \_\_\_\_\_

Resting Blood Pressure Measurement

Date:

Systolic \_\_\_\_\_ mmHg

Diastolic \_\_\_\_\_ mmHg

Height and Weight Measurements (please indicate units)

Date:

Height (without shoes) \_\_\_\_\_ inches/meters

Weight (without shoes) \_\_\_\_\_ lbs/kgs

Labs

Lab requirements for the health screen include FASTING measurements of ALL of the following items:

	Date of test	Result (value and units)
Total Cholesterol		
HDL Cholesterol		
LDL Cholesterol		
Triglycerides		
Glucose		

*\*Your physician's office may require you to sign a waiver releasing information to Henry Ford Allegiance 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, 9<sup>th</sup> floor  
Jackson, MI 49201  
Phone: (517) 205-7495, Fax: (517) 205-5941**