

Physician Results Form

Jackson County ISD

Print Name _____ Date of Birth _____

The Jackson County ISD is offering the *It's Your Life* health management program to staff. Those who wish to complete the health screen at their physician's office may submit this form to fulfill their health screen requirements. **Deadline to submit this form is February 15, 2021.**

Measurements must be completed after **January 1, 2019** 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	Date of Service must be January 1, 2019 or later
Blood Pressure		
Systolic		
Diastolic		
Height and Weight (without shoes)		
Height		
Weight		
FASTING Labs		
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 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, Suite 900
Jackson, MI 49201
Phone: (517) 205-7495, Fax: (517) 205-5941**