



Physician Form

My employer is encouraging the staff to complete this type of health screening so we can start thinking more about our health/wellness and pursue treatment if needed. Your assistance in helping me complete this assessment is appreciated.

Patient Name _____ Date _____

Glucose _____

Cholesterol - Lipid Profile _____

Height _____

Weight _____

BMI or Waist Circumference _____

Cutoff the portion below and return to Human Resources Ministries to redeem your \$30 Gas Card, between January 1, 2012 and December 2012.



I Certify _____ has completed a glucose test,
(Patient name)

Cholesterol/Lipid profile, Blood Pressure, Height, Weight and BMI or Waist Circumference.

(Physician's Signature)

(Date)