

2019-2020 Wellness Program Age Related Physical Exam Acknowledgment Form

Please present this document to your physician so the appropriate tests are included in your screening. Once complete, please turn in to the Human Resources Department. It is recommended that you retain a copy for your personal records.

Patient Name:	Physician Name:	Date of Assessment:
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Dear Physician:

At the Mohave Valley Elementary School District, we value the health and well-being of our employees. As a part of our Wellness Discount Program, employees can become eligible for a discount on their medical insurance by completing certain requirements. An Age-Related Physical Exam is one of those requirements.

As part of the health assessment you perform, please initial the types of screening you completed today. In addition, please sign and date the form. Please support our efforts by communicating with your patient the results of these screenings, the importance of preventive health and of controlling risk factors.

Please initial those tests you've completed so the employee can receive credit.

Physical Exam

- One-on-One consultation with a certified health professional
- Any age- and gender-related screenings as recommended
- Blood Pressure
- Lipid Profile (Total Cholesterol and HDL)
- Glucose Screening
- Body Mass Index
- Waist Circumference

Physician Signature/Name

Date

Employee Signature

Date

Please email any questions or concerns regarding this process to bruegges@mvdistrict.net