

Primary Provider Results Wellness Biometric Screening Form

Employer: Medford Area Public Schools

Please Complete the Following:

First Name: _____ Birthdate: _____

Last Name: _____ Male Female

BIOMETRIC SCREENING RESULTS

Please complete the following results for your Primary Care Provider Biometrics:

Did you fast (no food or beverage—water and black coffee accepted) for 12 hours prior to your appointment?

YES NO

Height: _____ Inches

Weight: _____ Pounds

BMI: _____

Blood Pressure: _____ / _____

Resting Pulse: _____ beats per minute

Glucose: _____

Total Cholesterol: _____

Triglycerides: _____

HDL: _____

LDL: _____

Cholesterol Ratio: _____

Name of Primary Care Provider or Clinic : _____

Date of Screening: _____

Location of Screening: _____

Return completed form to Amanda Lange, Aspirus—Medford, Occupational Health, 135 S Gibson St. Medford, WI 54451