

# Primary Provider Results

## 2018 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 Wellness Coordinator, Aspirus—Medford, Business Health, 103 S Gibson St. Medford, WI 54451  
Fax: 715-748-8763—Phone: 715-748-8128