

## Knowing My 2017-2018 Numbers Physician's Statement

**Congratulations!** You are one step closer to learning more about your overall health and wellness. Please complete this form in its entirety and ensure you and your physician sign the form below.

**TO BE COMPLETED BY EMPLOYEE**

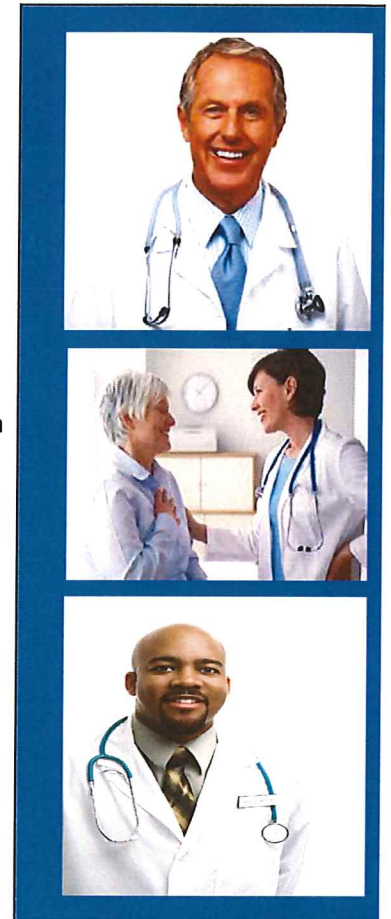
Waist Circumference:	in
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To measure your waist circumference, use a tape measure. Start at the top of the hip bone, and then bring it all the way around – level with your navel. Make sure it's not too tight and that it is parallel with the floor. Don't hold your breath while measuring it.

**TO BE COMPLETED BY PROVIDER**

Provider Information: As a school district that cares about the health and wellness of our employees, Glendora Unified School District is encouraging all employees to take an active role in managing their health. All eligible bargaining unit members who are enrolled in medical coverage through Glendora Unified School District are eligible to participate in a voluntary, preventive health screening. Those employees who participate in their preventive screenings are eligible for a \$150 wellness incentive for the 2017-18 plan year.

Height	ft	in
Weight	lbs	
Blood Pressure	systolic (high #)	
	diastolic (low #)	
Total Cholesterol Level	md/dl	
HDL Cholesterol Level	md/dl	



Please attest that the employee/patient has had the screenings above tested within the dates of December 16, 2016-December 15, 2017.

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Provider & Practice Name (please print): \_\_\_\_\_

Provider Telephone Number: \_\_\_\_\_

Date of Service: \_\_\_\_\_

Provider Signature: \_\_\_\_\_

Collection Date of Lab Data: \_\_\_\_\_

Employee / Patient Name: \_\_\_\_\_

**\*\*Only provide this lower portion to Human Resources\*\***  
**\*\*\* Some providers may charge a nominal fee for filling out this form**