

**Health Care Provider
Physician Exam Verification Form**

INSTRUCTIONS:

(1) Have your physician complete this Physician Exam Verification Form. **The employee (not the physician) is responsible for returning the original form to TFM-Benefits on or before November 1, 2011.** Due to time constraints, s/he will not verify receipt of the form, so it's important that you retain a copy of the completed form for your records.

(2) You **must** utilize your health screening results from your physician to complete the Health Risk Assessment (HRA) online at: www.bluekc.com on or before *date*. No exceptions can be made related to this date.

Patient Name (print):	Date of Assessment:
Work Location:	Work Email Address:

Personal information contained on this form is confidential.

Dear Physician:

Johnson County, Kansas Government values the health and well being of its employees. A number of resources & programs are provided to promote wellness, including access to an online health tracking system, an Employee Assistance program and other preventive benefits.

As part of Johnson County's health and wellness initiative, employees are encouraged to participate in a free on-site health screening or visit their physician for an annual exam. With test results, the County hopes that employees will engage in a discussion with their physician about any test which may be out of range.

Please support Johnson County's efforts by communicating with your patient the importance of preventative health and controlling risk factors. As part of the health assessment you perform today, please include the tests listed below and provide your signature as verification of the testing:

- Height & Weight
- Total, HDL, and LDL Cholesterol Screening Tests
- Glucose Screening
- Blood Pressure
- One-on-One brief consultation with a certified health care professional

Physician Name (Print)

Date

Physician Signature

Date

Employee Signature

Date

Please note: do not turn in your screening results to TFM-Benefits; the above form meets your requirement.

**INSTRUCTIONS FOR COMPLETING HEALTH RISK ASSESSMENT (HRA)
ONLINE AT WWW.BLUEKC.COM**

- Employees covered under the BCBSKC Plans are invited to attend the *Free Employee Health Screenings*, OR obtain an examination from your own physician with above-stated lab tests..
- You may record your screening/exam results on this Personal Health Checklist.
- Once you obtain your exam results, then, utilize this information to complete the Health Risk Assessment online at www.bluekc.com by **November 1, 2011** to save money on your health insurance contributions for 2012.
- Retain this Personal Health Checklist. It is for your own personal information. DO NOT send it (Page 2) to TFM-Benefits or your departmental Wellness Coordinator.

Personal Health Checklist

Date of Annual Wellness Exam/Screening:	Physician:
PERSONAL HEALTH SCREENING RESULTS & BENCHMARKING (Source: Consolidated Information from Center for Disease Control, 2007)	

Personal Body Mass Index (BMI): _____	Blood Pressure (systolic/diastolic): _____
≤ 18.5 (Underweight) 18.5 – 24.9 (Normal) 25.0 – 29.9 (Overweight) ≥30 (Obese)	≤ 120/80 (Normal) 120/80 – 139/89 (Pre-hypertension) 140/90 – 159/99 (Stage 1 Hypertension) ≥ 160/100 (Stage 2 Hypertension)
Glucose – Fasting Plasma Glucose Test: _____	Total Cholesterol: _____
≤ 100 (Normal) 100 – 125 (Pre-Diabetes) ≥ (Diabetes)	< 200 (Desirable, lower risk) 200 – 239 (Borderline high) ≥ 240 (High, increased risk)
Triglycerides: _____	LDL (Bad) Cholesterol: _____
< 150 (Normal, lower risk) 150 – 199 (Borderline high) 200 – 499 (High) ≥ 500 (Very High, high risk)	< 100 (Desirable, lower risk) 100 – 129 (Near desirable, slightly elevated) 130 – 159 (Borderline high) 160 – 189 (High) ≥ 190 (Very high, high risk)
HDL (Good) Cholesterol: _____	
< 40 (men) / < 50 (women) – Low, high risk ≥ 60 (men & women) – Desirable, lower risk	