



2010 Wellness Program Documentation Form Know Your Numbers – Biometric Values

The following is to document your knowledge of some key biometric measures. Being aware of these measures is the first step to good heart health. These values must have been obtained and recorded by you through visits to your personal physician, health clinic, health fair/screening, community health clinic, etc. Complete the information below:

Employee Name (please print) _____

- Blood pressure _____/_____
- Total Cholesterol _____
- HDL Cholesterol _____
- Total Glucose _____

In the space below, provide a brief description of how and when the above measures were obtained:

By signing below, you acknowledge that you did obtain the above listed measures for yourself and the information listed is accurate and valid.

Date of submittal _____

Signature _____

Note:

All private health information shared with the Premier Wellness Coordinator through your involvement in the program is strictly confidential. No other individual or entity will have access to this information without your expressed consent.