



Kansas City KS USD 500 Health Care Provider Wellness Exam Verification Form 2012

Personal information contained on this form is confidential.

Patient Name (print): _____ **Date of Assessment:** _____

Work Location: _____ **Patient Email Address:** _____

Dear Physician:

Kansas City, KS USD 500 values the health and well being of it's employees. The District provides a number of resources & programs to promote wellness, including access to an online personal health coach, an Employee Assistance program available through the District's health insurance plan and other preventive benefits.

As part of the District's health and wellness initiative, employees are encouraged to participate in the **Know Your Numbers** campaign. Employees are encouraged to *know, compare, and if needed, improve* their base health numbers from one year to the next. This program also includes an initiative for employees to meet directly with their health care provider for an annual wellness exam. With test results, the District hopes that employees will engage in a discussion with their physician about any test which may be out of range.

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

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

We would be happy to answer any questions that you or the employee may have regarding the District's wellness programs and resources. If you have any questions or concerns, please call 913.279.2030.

Physician Name (Print) Date

Physician Signature Date

Employee Signature Date

INSTRUCTIONS: Employees covered under the HMO & PPO Plans who wish to waive the \$300 individual / \$900 family prescription drug deductible **MUST:** (1) Have your physician complete this Wellness Exam Verification Form. The employee (not the physician) is responsible for **returning the original form to the USD 500 Payroll/Benefit Office on or before April 20, 2012.** Due to time constraints, we will not verify receipt of the form, so it's important that you **retain a copy of the completed form for your records.** (2) **IN ADDITION**, 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 April 20, 2012.** . No exceptions can be made related to this date.

PERSONAL CHECKLIST TO COMPLETE HEALTH RISK ASSESSMENT (HRA) ONLINE AT WWW.BCBSKC.COM

- Employees covered under the BCBSKC Plans are invited to attend the *Free Employee Health Screenings* available at various building locations, OR obtain an annual wellness exam from your own physician.
- You may record your screening/exam results on this **Personal Checklist**.
- Once you obtain your exam results, then, utilize this information to complete the **Health Risk Assessment online at www.bcbskc.com by April 20, 2012** to save \$300 individual / \$900 family on your HMO or PPO Plan Rx Deductible
- **Retain this Personal Checklist. It is for your own personal information. DO NOT send it to the USD 500 Benefits Dept.**

Date of Annual Wellness Exam/Screening: _____

Physician: _____

PERSONAL HEALTH SCREENING RESULTS & BENCHMARKING

_____ **Personal Body Mass Index (BMI) (kg / m²)**

20.8 – 23.9
24 - 25
25 - 29.9
30 +

_____ **Blood Pressure (systolic / diastolic)**

Less than 120 / 80
120-139 / 80-89
140+ / 90+

_____ **Glucose – Fasting Plasma Glucose (FGP) Test (mg/dl)**

Less than 100
Between 100 and 125
Normal
Marginally Overweight
Overweight
Obese
Normal
Pre-hypertension
High blood pressure
Optimal
Pre-Diabetic
126+ Diabetic

_____ **Triglycerides (mg/dl)**

Less than 150
150–199
Desirable
Borderline high
200–499 High
500 and above

_____ **LDL (Bad) Cholesterol (mg/dl)**

Less than 100
100–129
130–159
Very high
Optimal
Near optimal/above optimal
Borderline high
160–189 High
190 and above

_____ **HDL (Good) Cholesterol (mg/dl)**

Less than 40
60 and above

_____ **Total Cholesterol (mg/dl)**

Less than 200
200–239
240 and above
Very high
Low
High (Protective against heart disease)
Desirable
Borderline high
High