

2018 Sandusky City Schools Voluntary Employee Health Screenings

First Name (proper name): _____ MI: _____ Last: _____

Date of Birth: ____/____/____ Age: _____ Gender: M F Daytime Phone: (____) ____ - ____

Did you fast for your laboratory testing? Yes No

RESULTS:

BP: _____ Goal \leq 140/90 Pulse: _____
Glucose: _____ Goal \leq 100
Cholesterol: _____ Goal \leq 200 (High = $>$ 240)
HDL: _____ Goal \geq 40
Trig.: _____ Goal \leq 150
LDL: _____ Goal \leq 130
Ratio = Total Chol / HDL: _____ Goal \leq 5.0

BMI: _____ \leq 29.9 Ht: _____

Body Fat: _____ (If available) Wt: _____

Female 20-39 \leq 35.8% Male 20-39 \leq 23.7% Waist: _____

Female 40-59 \leq 36.8% Male 40-59 \leq 26.5%

Female 60-79 \leq 38.6% Male 60-79 \leq 28.4%

Comments:

Physician Signature: _____ Date: _____

***A copy of your laboratory results is not necessary as long as your physician signs the form verifying that the information provided is correct. Keep a copy of this form for your own records and/or to complete your online Health Assessment. Please return the completed form to Brandis Stout at the Board of Education by Friday, September 21, 2018. Brandis can be reached at bstout@scs-k12.net or 419-984-1071 to make alternative arrangements for pick up or drop off.**