

Cornell College Health Screening 2017 Form

Cornell College Health Form

All employees covered on the Cornell College health insurance plan are required to have a complete physical exam that includes the REQUIRED items listed below in order to qualify for the preferred health plan premium.

Section 1 Needs to be completed by the employee.

Section 2 Health form will need to be completed by the medical provider and required items submitted.

The form will be considered incomplete if all required items are not submitted.

Only exams with ALL REQUIRED information between January 1, 2017 and April 30, 2017 will qualify.

*ALL forms must be **COMPLETE and received** by CarePro BY **April 30, 2017**.*

SECTION 1: To be completed by employee (PLEASE PRINT)

Participant Name: _____ () Spouse () Employee

Email address: _____

Home Phone Number: _____ Cell Number: _____

SECTION 2: To be completed by medical provider (PLEASE PRINT)

Patient Name: _____ Date of Birth: _____
Today's Date: _____ Age: _____
Gender: () MALE () FEMALE
Date of exam: _____ Patient fasting 12 hours? () YES () NO

REQUIRED

Does the patient currently use medication to control the following conditions?

Total Cholesterol: _____	Cholesterol? () YES () NO
HDL: _____	
LDL: _____	
TC/HDL Ratio _____	
Triglycerides: _____	Triglycerides? () YES () NO
Fasting Blood Glucose: _____	Diabetes? () YES () NO
Blood pressure: _____	Blood Pressure? () YES () NO
Weight _____	
Waist Circumference (navel) _____	Does the patient use tobacco? () YES () NO
Height _____	

Medical Provider Signature: _____

Print Name of Medical Provider: _____

Medical Provider Mailing Address: _____

Medical Provider Telephone Number: _____

Medical Provider submit form to:

Randi Burt, Director

CarePro Health Services/Worksite Wellness

1014 5th Ave SE, Cedar Rapids, IA 52403

Phone: (319) 247-5691; Fax: (319) 294-5809 or 319-896-4347

Email: cpww@careprohs.com