2018-2019 Physician's Screening Form

Diocese of Stockton and **TeamCare** want to help you reach your health goals. As part of your Wellness Program you and your covered spouse (if applicable) can reduce your or your family's medical deductible by completing this form, as well as the Health Risk Assessment, by **May 31, 2019**. *Your results are **100% confidential** and will not be shared with your employer.*

SECTION I: *TO BE COMPLETED BY YOU* (PLEASE PRINT)

Name: ____ DOB: ___________________ Gender: M / F

Address: ______________________________ City: __________________ State: _______ Zip: _________

Phone: ________________________________ Email: ____

SECTION II: *TO BE COMPLETED BY YOUR PHYSICIAN*

I have provided the above individual with an "Age Appropriate Physical", and have reviewed with them their current health status and made recommendations where appropriate.

Physician's Name (please print): _________________________________ Date of Exam: ___________________

Physician's Signature: ____

Physician's Phone: _____________________________ Physician's Fax: ________________________________

SECTION III: *BIOMETRIC DATA*

Your annual physical must include a biometric screening. Your physician may include your results below or provide them to TeamCare via fax or email. Your results will be stored in the Wellness Portal for reference.

Date of Examination/Blood Work: ________________ ☐ **Fasting** ☐ **Non-Fasting**

- Height: ______ feet ______ inches
- Weight: ______ pounds
- Waist Circumference: ______ inches
- Blood Pressure: ______ / ______ mm/Hg

- Total Cholesterol: ______ mg/dl
- HDL: ______
- LDL Cholesterol: ______
- Ratio Total/HDL: ______
- Triglycerides: ______
- Glucose Level: ______ mg/dl
- A1c______
- Other: ___________________________

All sections of this form are MANDATORY; incomplete forms will not be accepted. Please return your fully completed form to Delta TeamCare by MAIL, FAX or EMAIL NO LATER THAN MAY 31, 2019 to be eligible for the reduced deductible.

- **Mail**: **Delta TeamCare**
  7110 Fresno St., Suite 350
  Fresno, CA 93720
- **Fax**: **888-380-3415**
- **Email**: **teamcare@delapro.com**

For questions please contact **TeamCare** at **866-724-0032**…