



**Physician Screening Form**  
**Family Video Movie Club, Inc.**

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

Name: \_\_\_\_\_ Employee #: \_\_\_\_\_ Gender: M/F  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Work Phone Number: ( ) \_\_\_\_\_ DOB: \_\_\_\_\_

I, the undersigned understand that my employer is the Plan Sponsor of my Group Health Plan and may receive a list of my participation for administrative purposes, including but not limited to, billing and attendance. I understand that my Group Health Plan may be administered and/or insured by my Employer or an insurance company such as BCBS, one of these entities or their selected vendor may have access to my individually identifiable information for condition management purposes, or to appropriately operate or administer my Group Health Plan. The organizations involved in this wellness activity recognize the importance of safeguarding individually identifiable health information and are obligated to take reasonable steps to protect such information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION II: TO BE COMPLETED BY YOUR PHYSICIAN**

Examination and Blood Work Date: \_\_\_\_\_

Height: \_\_\_\_\_ feet \_\_\_\_\_ inches Weight: \_\_\_\_\_ pounds

Total Cholesterol: \_\_\_\_\_ mg/dl HDL: \_\_\_\_\_ Ratio Total/HDL: \_\_\_\_\_

Glucose Level: \_\_\_\_\_ mg/dl Triglycerides: \_\_\_\_\_ LDL Cholesterol: \_\_\_\_\_

Blood Pressure: \_\_\_\_\_ / \_\_\_\_\_ mm/Hg

Physician's Signature: \_\_\_\_\_

Physician's Name (please print): \_\_\_\_\_

Physician's Address: \_\_\_\_\_  
\_\_\_\_\_

*Physicals and blood work must be completed between **January 1, 2013** and **March 31, 2014** for Physician Form credit. Return this form by: e-mail ([offsiteforms@healthsolutions.com](mailto:offsiteforms@healthsolutions.com)), fax (410-356-6205) or US Mail (Health Solutions, Attn: Alternative Means, 11409 Cronhill Drive, Suite M, Owings Mills, MD 21117). PLEASE PICK ONE METHOD FOR SUBMITTING YOUR RESULTS by April 1, 2014.*

**THIS FORM MUST BE COMPLETED IN ITS ENTIRETY TO RECEIVE YOUR INCENTIVE CREDIT.**