



Brick Schools Wellness Program Contest
Screening Results/ Attestation Form

Section 1: Completed by Program Participant

Name: _____ Date of Birth: _____

Phone: _____ Email: _____

Wellness Team: _____

I agree to participate in the Brick Schools Wellness Contest and understand the screening results below and completed attestation form will be reviewed by Partnership Health Center Brick (PHCBR) clinical staff. I further understand that my individual test results will NOT be shared with Brick Schools.

Printed Name: _____ Signature: _____

The information below will be reviewed by your PHCBR RN Care Coordinator to determine your individual ASCVD Risk as per the American College of Cardiology standards. If your calculated risk score is determined to be 7% or higher, your RN Care Coordinator may contact you to review your personal health history and discuss ways to improve your overall health.

Wellness Questionnaire:

Smoking Status: ☐ Current ____ years ☐ Former ____ years - Date quit: _____

History of diabetes: ☐ Yes ☐ No

Are you currently taking medication for any of the following:

☐ Blood Pressure ☐ High Cholesterol ☐ Heart Disease/Aspirin therapy

Section 2: Biometric Screening Results

****To be completed by health care provider****

Biometric Screening Results:

☐ Fasting ☐ Non-fasting ☐ Patient is Pregnant Date of Screening: _____

Total Cholesterol (TC): _____ Glucose: _____

HDL: _____ Blood Pressure: _____

TC/HDL Ratio: _____ Height: _____ ft/inches

LDL: _____ Weight: _____ lbs.

Triglycerides: _____ Body Mass Index: _____

Section 3: Healthcare Provider Certification of Results

Healthcare Provider Name: _____ Phone: _____

Address: _____

Date of Biometric Screening: _____

Certification of Results: By signing below I certify that the above-named patient has participated in biometric screenings on the date listed above. Biometric screening results have been reported herein.

Provider's Printed Name

Signature

Date

Office Stamp Required:

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**** Completed forms may be sent via SECURE FAX to Partnership Health Center Brick at 732-771-2223 OR dropped off at PHCBR located at: 250 Chambers Bridge Rd, Brick, NJ ****

Please contact PHCBR at 732-771-2212 with any questions.

<i>PHCBR Internal Use Only:</i>		
Recvd (date/initial):	LB doc:	Entered: