



**A HEALTHIER YOU means a better future for EVERYONE!**

**2011 Medical Verification Form**

**FOR EMPLOYEE HEALTH INSURANCE participants NOT using the district health screenings:  
Steps to a 2011 Health Premium Discount**

1. Complete a health screening between January 1 and Nov. 1, 2010 prior to completing your 2011 Health Risk Appraisal (HRA).
2. Discuss your health screening with your health care provider and set a personal wellness goal.
3. Complete "A Healthier You" (health risk appraisal) at [www.bluekc.com](http://www.bluekc.com) between July 1 and November 1, 2010.
4. Participate in District Healthy Lifestyle Targets beginning January, 2011  
·Live Active ·Eat Smart ·Tobacco Free

**Submit completed form on or before 11/01/2010**

**Attn: Employee Wellness Dept.  
North Lindenwood Support Center  
315 N. Lindenwood, Olathe, KS 66062  
Fax Number 913-780-8104**

Complete Wellness and Health Insurance  
Information located on O-ZONE.

**DEADLINE FOR SUBMISSION: 11/01/2010**

Check one:       Form is for District Employee       Form is for District Employee's Spouse

Employee Name (printed): \_\_\_\_\_ Employee ID#: \_\_\_\_\_

Non-employee Spouse Name (printed): \_\_\_\_\_

**Health Care Provider:**

I, (print name of Health Care Provider) \_\_\_\_\_, with my signature below, verify this individual received the following health measurements on the dates listed below. I've reviewed these screening results and discussed appropriate wellness activities that, if adhered to, will enhance the employee's well-being, reduce health risks, or help manage health conditions. I have also discussed age appropriate and recommended preventative screenings with this individual.

**HEALTH CARE PROVIDER: Please list dates of health measures requested below.**

- **Blood Pressure**                      Date of measure \_\_\_\_\_
- **Total Cholesterol**                      Date of measure \_\_\_\_\_
- **HDL Cholesterol**                      Date of measure \_\_\_\_\_
- **Blood Glucose**                      Date of measure \_\_\_\_\_
- **Body Composition** — **Waist Circumference OR Percent Body Fat and BMI**      Date of measure \_\_\_\_\_
- **Discussed health and set a wellness goal for 2011**                      Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Licensed Physician, Registered Physician's Assistant  
or Advanced Registered Nurse Practitioner                      Date \_\_\_\_\_