



# Pasadena Independent School District

1515 Cherrybrook - Pasadena, Texas – 77502

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## BIOMETRIC SCREENING—PERSONAL PHYSICIAN FORM

Please use this form if you have had a physical exam since January 1, 2017

### Participant Instructions:

- Call your physician's office to obtain your most recent biometrics results. (*Remember to "fast" for 9-12 hours prior to your appt.*)
- Complete the participant information section of this form.
- Take the form to your physician's office or scheduled appointment, and ask them to complete the physician information section below.
- Ask your physician's office to mail or e-mail **you** the completed form.
- Once you receive the completed form from your doctor, go online (beginning January 15, 2018) to [www.aetna.com](http://www.aetna.com) to complete a new "Health Assessment". If your plan coverage is for Employee + Spouse, both of you must complete the screening and online assessment.

By signing below I give permission for my healthcare provider to use the results from my most recent physical exam, in order to receive the PISD Wellness Credit.

\_\_\_\_\_  
Signature (Required)

\_\_\_\_\_  
Date

### Participant Information Section:

Today's Date: \_\_\_\_\_

Company Name: \_\_\_\_\_ Pasadena Independent School District

Aetna Group #: \_\_\_\_\_ 838899

Participant Name: (*please print*) \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Check the boxes that apply: I am the ☐ Employee ☐ Spouse / Domestic Partner

☐ Male ☐ Female

### Physician information Section:

- Record the participant's results in the boxes below. (All numbers must be recorded.)
- Ensure that the participant will receive a copy of this completed form in a timely manner. We recommend 48-72 hours as a standard turnaround time.
- **Return the completed form to the participant (NOT to PISD office)**, so they may use the information below for the required online "Health Assessment" at [www.aetna.com](http://www.aetna.com)

#### For Office Use Only

Date of lab work: \_\_\_\_\_

Clinical Staff Signature: \_\_\_\_\_

Office phone number: \_\_\_\_\_

Participant Biometric Screening Measure	Participant Value
Height	
Weight	
Blood pressure (mmHg)	
Waist Circumference	
HDL Cholesterol (mg/dl)	
Triglycerides (mg/dl)	
Glucose (mg/dl)	