

**JCUSD #1
Wellness Verification**

Employee: _____

Physician: _____

I certify that _____ was given a wellness examination on ____/____/_____.

The examination included the following:

_____ Blood Pressure Reading

_____ BMI Measurement

_____ Blood Panel

_____ LDL

_____ HDL

_____ Total Cholesterol

_____ Triglycerides

_____ Glucose

Date: ____/____/_____

Physician Signature: _____