

JCUSD #1
Wellness Verification

Employee: _____

Physician: _____

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

The examination included the following: (Check all that apply)

_____ Blood Pressure Reading

_____ BMI Measurement

_____ Blood Panel

_____ LDL

_____ HDL

_____ Total Cholesterol

_____ Triglycerides

_____ Glucose

Date: ____/____/____

Physician Signature: _____