

Annual Biometric Screening Verification

Use this form to report the completion of your annual biometric testing.

Last Name: _____ First Name: _____ M.I. _____

Date of Birth: _____ Gender: Male Female

Doctor / Health Care Professional Verification

Your signature is confirmation to Amherst Schools that this individual has completed the following biometric screenings. The form serves as verification of their participation in the Amherst Schools 2013-2014 Wellness Program.

- Total Cholesterol
- Glucose
- Blood Pressure
- Height Weight, and Waist Measurement
- Body Mass Index

Physician's Signature: _____

Date Completed: _____

****Please do not include test results on this form.**