

FY27 Health Yourself Screening Form

Participant information

 Last name First name Middle initial Date of Birth

CBJ employee Bartlett employee JSD admin employee

How this form works

- Earn 100 points by May 31 to receive the following year's discount
- Work with your wellness coordinator or your providers to get sections 1 & 2 initialed and signed
- Return your completed form to Jess Brown via email, fax (586-4501), or inter-office mail

Section 1: Biometrics

Based on American Heart Association, and American Diabetes Association guidelines

Health indicator	Low risk range (15 pts each)	Medium risk range (10 pts each)	High risk range (0 pts each)	Provider initials	Points
Tobacco Use	<input type="checkbox"/> Non-tobacco user		<input type="checkbox"/> Tobacco user	_____	/15
LDL-C	<input type="checkbox"/> Less than 100 mg/dl* <input type="checkbox"/> Less than 70 mg/dl in patients with diabetes	<input type="checkbox"/> 100-130 mg/dl* <input type="checkbox"/> 70-100 mg/dl in patients with diabetes	<input type="checkbox"/> Over 130 mg/dl <input type="checkbox"/> Over 100 mg/dl in patients with diabetes	_____	/15
A1C	<input type="checkbox"/> Less than 5.7%	<input type="checkbox"/> 5.7%- 6.4%	<input type="checkbox"/> Over 6.4%	_____	/15
Blood Pressure	<input type="checkbox"/> Up to 120/80	<input type="checkbox"/> Up to 140/90	<input type="checkbox"/> Over 140/90	_____	/15

Section 2: Preventive Visits

Preventive visit	Provider's Signature	Points
Wellness Checkup	This patient has completed an annual wellness physical since June 1, 2026 Primary Care Provider name: _____ PCP signature: _____ Date _____	/20
Dental cleaning* Or attach EOB	This patient has had a dental cleaning since June 1, 2026 Provider name: _____ Signature: _____ Date _____	/20

Use section 3 on the back to track Health Yourself activity points 

