

**Bayfield County
Biometric Screening Verification**

PARTICIPANT INFORMATION *(to be completed by Participant):*

Participant Name:			
Address:			
City:	State:	Zip Code:	
Phone #:			
If Participant is an Employee's Spouse, provide name of Employee			

PHYSICIAN CERTIFICATION *(to be completed by attending Physician):*

Bayfield County sponsors an annual employee wellness program. A biometric screening is one component of the wellness program.

A qualified biometric screening will include: Height, Weight, Blood Pressure. Actual data is not required on this form.

Additional screenings:

Depending on your age and risk factors, you may be eligible to receive additional screenings glucose and cholesterol if recommended by doctor. Be sure to check with health insurer to confirm these labs will qualify for preventive service benefit.

Out of pocket cost:

Be aware that you will be responsible for copayments, deductibles and/or coinsurance if screening test are not done for preventive reasons, or if other health issues are discussed during your visit.

Participant has completed a qualified biometric screening in my office. (Please circle one)	YES	NO
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Physician Name (Printed):	
Physician Signature:	
Clinic/Hospital Name:	
Mailing Address:	
City/State and Zip Code:	
Telephone #:	

Employee is responsible for providing this verification form to the Bayfield County Human Resources Office no later than October 14, 2022.