



*Alexander County Human Resources
621 Liledoun Road
Taylorsville, NC 28681*

DEPENDENT PERSONAL PHYSICIAN FORM

Alexander County has developed a Wellness Incentive to help improve the health and well-being of our employees and their dependents (age 18 and over). A requirement of this incentive is for the dependent to complete a health screening that includes the following tests.

- ✓ *Lipid/glucose*
- ✓ *PSA (for males, over 50)*
- ✓ *Blood Pressure*
- ✓ *Height/Weight*
- ✓ *BMI*

Please sign verifying that the above stated tests have been performed.

Physician's Signature

Date

EMPLOYEE SECTION

I hereby authorize my physician to sign this form stating the tests have been performed.

Dependent Name (printed)

Employee Name (printed)

Dependent Signature

Employee Signature

Date

