



Physician Biometric Form

You may elect to use lab results from your annual physical instead of attending a biometric screening if your lab work took place within the past twelve months.

IMPORTANT – You and your physician must complete this form in full and sign. Send the completed form to The Lawson Group using one of the methods below. Only completed forms are accepted. As the participant, you are responsible for confirming receipt of this form. Biometrics sent without this form will not be accepted. If your physician is sending this form, obtain a copy of the form and fax receipt for your records.

Employee Release:

By submitting this form, I am requesting that my physician report my biometric screening results to The Lawson Group so they can be included as a part of the Easter Seals employee wellness program. I agree that my personally identifiable information and screening results will be shared with The Lawson Group.

Participant Signature: _____ Date: _____

All items below must be completed for incentives. Participants will not be contacted if their submitted form is incomplete and therefore will not be eligible for rewards.

Participant Name:	Easter Seals ID #:
Date of Screening:	DOB:
email:	
phone #:	
Screening	Physician Reported Result
Height	(feet & inches)
Weight	(lbs)
Blood Pressure	(mm/Hg)
Total Cholesterol	(mg/dL)
Blood Glucose check for fasting <input type="checkbox"/>	(mg/dL)

To the physician:

The Wellness Program is not intended to treat, diagnose or replace medical care. Our goal is to promote healthy living through the implementation of wellness initiatives.

Physician Name: _____ Phone #: _____

Physician Signature: _____ Date: _____

Fax to:
The Lawson Group
603-228-3871

OR mail to:
The Lawson Group
attn: Wellness
PO Box 538
Concord, NH 03302

OR email to:
wellness@slgl.com