

SPRINGBORO COMMUNITY CITY SCHOOLS
WELLNESS PROGRAM

HEALTH ASSESSMENT FORM

The following procedures and consultations are to be provided by a health care official. The health care official is to check off the box corresponding to the procedure/consultation provided and sign the assessment. Please DO NOT provide results of any tests or health care recommendations made to the employee.

Employee Name: _____
(Please Print/Type)

TESTING

- Blood Pressure/Pulse
- Cholesterol Screening.....
- Blood Screening for Sugar-Glucose (Non-Fasting).....

HEALTHY LIFESTYLE CONSULTATION

- Smoking - Risks and Recommendations.....
- Drinking – Risks and Recommendations.....
- Body Weight – Risks and Recommendations.....
- Drug Abuse – Risks and Recommendations.....
- Sexually Transmitted Diseases – Risks and Recommendations.....

Health Care Official _____
(Printed Name)

Health Care Official _____
(Signature)

Date Assessment Completed ____ / ____ / ____

Please submit to the Springboro Human Resources Office.