

# Knox County Bright Start Wellness Program



## Medical Reporting Form

This form is required in order to claim 8 hours of annual leave on your prize claim form. You will receive 20 points per year for completing this form. Please do not submit **ANY** personal medical results at any time. Screenings must have been completed within the last 12 months.

Name: \_\_\_\_\_  
Department: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Gender: \_\_\_M \_\_\_F  
Birthday: \_\_\_\_\_  
(dd/mm/yy)

<u>Screenings</u>	<u>Date</u>
Blood Pressure	
Total Cholesterol	
Triglycerides	
Height	
Weight	
Glucose	
Mammogram (female over 40)	
Prostate (male over 50)	
Pap Smear (female)	
Testicular (male)	
Colonoscopy (over 50)	

Please submit to Bright Start Wellness Program, City-County Building Suite 360  
OR  
fax to 215.2474  
OR  
email to [wellness@knoxcounty.org](mailto:wellness@knoxcounty.org).

Questions? Contact us at 215-2321 or email [wellness@knoxcounty.org](mailto:wellness@knoxcounty.org).