

# WASHBURN UNIVERSITY EMPLOYEE WELLNESS PROGRAM

## PHYSICIAN'S RESULTS REQUEST FORM

To: Dr. \_\_\_\_\_

I am enrolling in the Washburn University Employee Wellness Program. Completion of a health screening is one component of the program. In lieu of participating in the health screening being conducted on campus by HealthWorks, Inc., I am requesting you send the results of my most recent (within the last six months) blood lipid profile plus glucose and blood pressure test, to the Washburn Wellness Staff.

Please record my information in the appropriate areas below.

Thank you for your time and assistance.

Sincerely,

Print Name: \_\_\_\_\_ Date \_\_\_\_\_

Signature: \_\_\_\_\_

### To Be Completed by Physician

Date of Exam \_\_\_/\_\_\_/\_\_\_

_____	Total Cholesterol	_____	TC/HDL Ratio
_____	HDL	_____	Glucose
_____	Triglycerides	___/___	Blood Pressure
_____	LDL	_____	Waist (Inch)
_____	BMI	_____	Weight
_____	Height		

Physician's Name: (please print) \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please return to: Evelyn Spangler  
Wellness Coordinator  
1700 SW College  
Topeka, KS 66621  
Email: [evelyn.spangler@washburn.edu](mailto:evelyn.spangler@washburn.edu)  
Phone #: (785) 670-2853