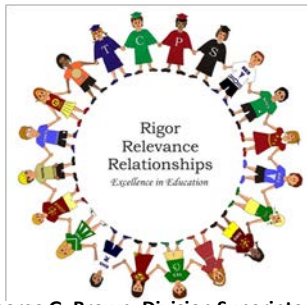


**Tazewell County Public Schools**  
506 Jeffersonville Street  
Tazewell, VA 24651-0927  
Phone (276) 988-5511, Fax (276) 988-1976  
[www.tazewell.k12.va.us](http://www.tazewell.k12.va.us)



George G. Brown, Division Superintendent

**School Board Members**  
Donna Whittington, Chair  
Chris Moir, Vice-Chair  
Jimmy Jones  
Irene Mullins  
David Woodard

**TAZEWELL COUNTY PUBLIC SCHOOLS WELLNESS PHYSICAL FORM**

Return completed form to: TCPS Central Office (Attention HR)

**EMPLOYEE OR SPOUSE NAME:** \_\_\_\_\_  
**DATE OF BIRTH:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_ **MED ID #** \_\_\_\_\_

**DATE OF HEALTH SCREENING:** \_\_\_\_\_

Please check (✓) all that was completed during this health screening.

**DO NOT** put any numbers just a check that you completed items listed below.

Blood Pressure \_\_\_\_\_

Height \_\_\_\_\_

Weight \_\_\_\_\_

Body Mass Index \_\_\_\_\_

Cholesterol/Triglycerides (fasting) \_\_\_\_\_

Males only: Prostrate Screening (recommended age) \_\_\_\_\_

Females only: Mammogram (recommended age) \_\_\_\_\_

(for Prostate and Mammogram -- must at least meet age minimum, and have been 366 days since last exam for insurance to pay for exam under wellness).

Attended Innovative Insurance Presentation on 8/13 at TMS Yes \_\_\_\_\_ No \_\_\_\_\_

**EMPLOYEE/SPOUSE SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PHYSICIAN'S NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**SIGNATURE OF PHYSICIAN OR NURSE PRACTITIONER:** \_\_\_\_\_

**DATE:** \_\_\_\_\_