



Uintah School  
District  
Employee Wellness

## Waiver Employee Physical Examination

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Physician's Information

\_\_\_\_\_  
*Physician's Name*

\_\_\_\_\_  
*Physician's Signature*

\_\_\_\_\_  
*Date of visit*

\_\_\_\_\_  
*Physician's Phone Number*

\_\_\_\_\_  
*Physician's Address*

### Biometric Screening

Please mark the screenings that have been completed.

- BMI
- Height
- Weight
- Total Cholesterol
- HDL Cholesterol
- Blood Pressure
- Blood Glucose

**This form must be signed by a physician and uploaded into "My Wellness Tracker" no later than August 31, 2024.**

Contact Information:  
Gena Moon– Wellness Rep  
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gena.moon@uintah.net  
[uintah.wellright.com/act/auth/login](https://uintah.wellright.com/act/auth/login)