



# HUMAN RESOURCES DEPARTMENT – BENEFITS SECTION

## BIOMETRICS / HEALTH SCREENING VERIFICATION FORM

**USED ONLY BY PHYSICIANS WHO DO NOT PARTICIPATE IN THE CIGNA NETWORK**

Rev: 2 | Date: 11/21/2023 | Print Date: 12/13/2023

**This form may be used only if the biometric screening is completed by a personal physician who does not participate in the Cigna network. If verification is for a spouse, or domestic partner, please be sure to also print the name of the spouse/domestic partner. Please complete a separate form for each person screened.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Employee Name (First, Last)

\_\_\_\_\_  
If applicable, Print Name of Spouse/Domestic Partner (First, Last)

I hereby confirm that \_\_\_\_\_ was assessed for Cholesterol, Blood Pressure, Glucose, Body Mass Index and Body fat on \_\_\_\_/\_\_\_\_/\_\_\_\_. He/she is or will be made aware of the test results.

\_\_\_\_\_  
Print Name of Health Screener

\_\_\_\_\_  
Signature of Health Screener

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Fax Number

**Please affix the provider's official stamp on this completed document prior to submission.**

**Please fax this completed form to: 954-867-5583  
OR mail to:  
City of Fort Lauderdale Health and Wellness Center  
4750 N. Federal Highway, Suite 300  
Fort Lauderdale, FL 33308  
Attention: Jessica Law  
Phone: 786-564-3127**