HUMAN RESOURCES DEPARTMENT – BENEFITS SECTION

BIOMETRICS / HEALTH SCREENING VERIFICATION FORM

FOR USE BY NEWLY ELIGIBLE EMPLOYEES

Rev: 2 | **Date:** 10/19/2026

This form may be used only if a newly benefits eligible employee is having a biometric screening completed by their personal physician. If verification is for a spouse, or domestic partner, please be sure to print the name of the spouse/domestic partner, in addition to the employee's name. Please complete a separate form for each person screened.

_____ _____

Date Employee ID#

_____

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

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

Please send the completed form by email or fax to:

Email: healthyliving@fortlauderdale.gov

OR

Fax: 954-828-5328

Approved by: Jerome Post, Director of Human Resources **Uncontrolled in hard copy unless otherwise marked**

WE BUILD COMMUNITY