2019 BIOMETRICS WAIVER FORM

Please complete and then follow the directions below to submit your form.

Patient Name (Please Print) ____________________________

Date of Birth ____/_____/____

Patient Phone Number _____________________

Ozaukee County: Employee _____ Spouse ______

If the Patient Listed is a Spouse: Employee Name ____

Employee Date of Birth ____/_____/____

If you are pregnant you do **NOT** need to have your physician's signature on this form, however, for all other conditions in order to have your biometrics waived your physician will need to complete and submit this form before April 30, 2019 by email to Ellen Jarr (ejarr@co.ozaukee.wi.us) or by dropping it off/mailing to:

Ozaukee County
Attn: Ellen Jarr – Human Resources
121 W. Main Street
Port Washington, WI 53074

Option 1 – Pregnancy Waiver

_____ I, _____________________________ (print full name), Certify that I am pregnant and exempt from completing biometric testing. By submitting this form, I verify this information is true and complete.

Option 2 – Medical Provider Recommended Waiver for Non-Pregnancy related reasons

___ I recommend that this patient be waived and receive wellness points for the goal(s) checked below.

	Activity	Wellness Point Value
[ ]	BMI <30	75
[ ]	Glucose <100	75
[ ]	Blood pressure <130/90	75
[ ]	Total cholesterol <200	75

Provider signature: ____

Print provider name (or Provider Stamp): ____

Provider Phone Number: ____