

# City of Branson

## Health Risk Assessment Results and Physician Sheet

The patient listed below is participating in a Health Risk Assessment program with the City of Branson's Wellness Plan. Please indicate that the following biometric data has been completed and will be reviewed with the patient.

**Patient Complete (Please Print)**

Patient Name:	
Patient Date of Birth:	
Patient Daytime Phone:	

**Biometric Data**

(Please indicate with a check mark that the below was checked in your office.  
DO NOT include the measurements, or health data on this form.)

- ☐ Blood Hemoglobin A1C
- ☐ Blood Pressure
- ☐ Total Cholesterol
- ☐ Triglycerides

Physician:	Physician Visit Date:
Physician Address:	City:
State and Zip Code:	Office Number:
Qualified Professional Signature:	
Qualified Professional Signature Date:	

Please return this form to: City of Branson Human Resources, 110 West Maddux Street,  
Branson MO 65616,  
email: [hr@bransonmo.gov](mailto:hr@bransonmo.gov), or fax: 417-337-5466.