



Rotochopper Wellness Physical Form

By signing below, I certify that _____ (Rotochopper Employee Name) has had their annual physical including the required testing for their appropriate age group. I have also reviewed with them and checked the box for the categories below and how this impacts their overall health.

Blood Pressure

BMI

Glucose

Lipids

Tobacco Use

Doctor Signature: _____ Date: _____

*Please turn this form into HR once you have had your annual physical completed.



Below are recommendations based on your biometric scores. **Please note that we are not asking you to share with us your biometric scores and that these are just recommendations.**

Blood Pressure

| Top Number (Systolic) in mm Hg | And/Or | Bottom Number (Diastolic) in mm Hg | Your Category | What To Do |
|--------------------------------|--------|------------------------------------|--|---|
| Below 120 | and | Below 80 | Normal Blood Pressure | Maintain or adopt a healthy lifestyle. |
| 120-129 | and | Below 80 | Elevated Blood Pressure | Maintain or adopt a healthy lifestyle. |
| 130-139 | or | 80-89 | Stage 1 High Blood Pressure (Hypertension) | Maintain or adopt a healthy lifestyle. Talk to your doctor about taking one or more medications. |
| 140 or Higher | or | 90 or Higher | Stage 2 High Blood Pressure (Hypertension) | Maintain or adopt a healthy lifestyle. Talk to your doctor about taking more than one medication. |

BMI

- Underweight: BMI is less than 18.5
- Normal weight: BMI is 18.5 to 24.9
- Overweight: BMI is 25 to 29.9
- Obese: BMI is 30 or more

Glucose

| When Measured | Goals for Healthy Adults | Goals with Diabetes |
|----------------------------------|--------------------------|---------------------|
| Before lunch, dinner, or a snack | Less than 110 mg/dl | 70-130 mg/dl |
| 2 hours after you eat | Less than 140 mg/dl | Less than 180 mg/dl |
| Before bedtime | Less than 120 mg/dl | 90-150 mg/dl |

Lipids

| | Anyone age 19 and younger | Men 20 years and older | Women 20 years and older |
|---------------------|---------------------------|------------------------|--------------------------|
| Total Cholesterol | Less than 170 mg/dL | 125-200 mg/dL | 125-200 mg/dL |
| Non-HDL Cholesterol | Less than 120 mg/dL | Less than 130 mg/dL | Less than 130 mg/dL |
| LDL Cholesterol | Less than 100 mg/dL | Less than 100 mg/dL | Less than 100 mg/dL |
| HDL Cholesterol | More than 45 mg/dL | 40 mg/dL or higher | 50 mg/dL or higher |