

2024-2025 Biometric Screening Montgomery County Educational Service Center

The Montgomery County Educational Service Center is offering employees a premium reduction incentive if they complete an annual Preventive Care screening. This screening can take place either during the screening provided by the MCESC in October or with the employee's Primary Care Provider. The screening must take place on or after July 1, 2024 and this form must be turned in to the Treasurer's Office no later than December 1, 2024 if you are using your own provider.

Employee First & Last Name: _____
(please print)

DOB: _____

PREVENTIVE SCREENING CONFIRMATION & PROVIDER SIGNATURE

I hereby acknowledge that the undersigned patient is up-to-date with recommended Preventive Care screenings including, but not limited to, Total Cholesterol, HDL and Blood Sugar, Height, Weight, BMI, Blood Pressure, Hemoglobin A1C (if indicated).

Provider Signature: _____

Printed Name of Provider: _____

Date: _____ Provider Phone Number: _____

Once the form is complete and signed, please return to patient for submission.

PARTICIPANT SIGNATURE

I hereby certify that I have completed my annual Preventive Care Screening with my Primary Care Provider as indicated above.

Employee Signature: _____ Date: _____

Upon obtaining your Primary Care Provider's Signature, please sign and return this form to the Treasurer's Office no later than December 1, 2024. Falsification of information will be subject to disciplinary action up to and including employee termination.

All questions and concerns should be directed to the Treasurer's Office or Human Resources.

Forms can be faxed to Payroll at 937-496-7426

200 South Keowee Street | Dayton, Ohio 45402

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