



ABCs of Diabetes

Polk County School Board Wellness Program

Dear Program Participant:

Welcome to the Polk County School Board’s **ABCs of Diabetes** Program. Being involved in this program means that you are committed to fulfilling certain requirements in order to receive incentives and a special prescription benefit. The requirements that you are expected to fulfill are as follows:

- **Education Requirement:**
 - Attendance at the following four 90-minute classes *during your first year* of participation:
 1. Medical Issues in Diabetes
 2. Managing Diabetes with Nutrition and Exercise
 3. Diabetes Advanced Diet Planning
 4. Managing Heart Disease and High Blood Pressure
 - Attendance at one 90-minute refresher class *during each subsequent year*.
- **Laboratory Testing and Exams Requirement:**
 - Mandatory lab tests are HbA1C (hemoglobin), lipid profile, kidney function (random microalbumin, urine creatinine, and microalbumin/creatinine ratio), blood pressure and weight. This testing must be performed *every six months*.
 - Foot and Eye Examinations are required *once each year*.
 - There are two methods for fulfilling the Laboratory Testing and Exams Requirement:
 1. Diabetes Screening Saturdays: These are free screenings at which the above tests and exams are done *at no cost to you*. Watch for dates in our newsletter.
 2. As an alternative, you may instead elect to have your personal physician(s) perform these mandatory tests. Under this option, you must bring the testing and exam results with you to your Risk Intervention Session (see below).
- **Risk Intervention Session Requirement:** Every six months (within two weeks after each Diabetes Screening Saturday) you must attend an individual Risk Intervention Session with a Wellness Team member, at which your lab test and exam results will be discussed. *Note: If you elected to have your personal physician(s) perform lab tests and exams, you must call to arrange a risk intervention session and must bring the results of those tests and exams with you to this session.*

☞ **It is the ultimately your responsibility to ensure that all of the above requirements are met.** ☞

BY SIGNING THIS FORM, YOU AGREE TO ALL REQUIREMENTS LISTED ABOVE AND ACKNOWLEDGE THAT YOU FULLY UNDERSTAND THAT YOU WILL BE REMOVED FROM THIS PROGRAM (AND LOSE THE DIABETES PRESCRIPTION BENEFIT) IF YOU FAIL TO COMPLETE ANY OF THE ABOVE REQUIREMENTS IN A TIMELY MANNER.

Member Name (please print): _____

Member Signature: _____

Date: _____

Return to:
Janet Armitage, RD, LDN
Woodlake Center
3425 New Jersey Road
Lakeland, FL 33803

Please note: If this form is not signed and returned, it will be understood that you do not agree to the above requirements and decline participation in the *ABCs of Diabetes* Program.

Nondiscrimination Statement

The School Board of Polk County, Florida, prohibits any and all forms of discrimination and harassment based on race, color, sex, religion, national origin, marital status, age, homelessness, or disability or other basis prohibited by law in any of its programs, services, activities or employment. To file concerns, you may contact the Office of Equity & Compliance in the Human Resources Division at (863) 534-0513.

How to Request Accommodations

If you require any type of accommodation to complete the application process due to a disability, please call the Human Resource Services Division at (863) 534-0781. If you are deaf or hard of hearing, please contact the Polk County School District by calling Florida Relay Service at 1-800-955-8771.

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