Shawnee Mission School District Wellbeing Incentive Program 2022 Biometric Screening Form

NOTICE TO MEMBER
Please fill out the top portion of this form and take it to your medical provider when you complete your biometric health screening. This activity must occur between January 1, 2022 and October 31, 2022 to count towards the Shawnee Mission School District Wellbeing Incentive Program activities. Once completed by your provider, it is YOUR responsibility to return this form to Marathon Health at the contact information below. By completing this form and submitting it to Marathon Health, you consent to the disclosure by Marathon Health to Shawnee Mission School District that you have completed the biometric screening. We will not disclose the specific results reported on this form and will use the results only to support the health services that we provide to you. You may revoke your consent to this disclosure at any time by sending us a notice in writing. Your revocation will not apply to information already disclosed by Marathon Health pursuant to this form.

TODAY’S DATE

PATIENT NAME (Please Print Clearly)

DATE OF BIRTH

EMPLOYEE ID

NOTICE TO PROVIDER
Your patient has an opportunity to complete a biometric screening as a part of a wellness incentive program. Please review the components to be included in the screening. When the screening is complete, please fill out this form, sign and date it and return it to the patient. Please fill out this form completely.

ANNUAL SCREENING CRITERIA

RESULTS

FASTING

O YES

O NO

BODY MASS INDEX (BMI)

Height ______ in. / Weight ______ lbs

BMI ________

WAIST CIRCUMFERENCE

Value: ________ in.

BLOOD PRESSURE

Value: ________ / ________ mmHg

TOTAL CHOLESTEROL

Value: ________ mg/dL

HDL CHOLESTEROL

Value: ________ mg/dL

TOTAL CHOLESTEROL TO HDL RATIO

Value: ________

HEMOGLOBIN A1C

Value: ________

BLOOD GLUCOSE (SUGAR)

Value: ________ mg/dL

Date Tests Administered:

PROVIDER SIGNATURE

PROVIDER PHONE NUMBER

DEADLINES: Please email or fax this form to Marathon Health using the information below. You must submit this no later than October 31, 2022.

Marathon Health
F: 802.419.9688
E: wellness@marathon-health.com