Shawnee Mission School District Wellbeing Incentive Program

2024 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, 2023 and October 31, 2023 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 or BLOOD GLUCOSE (SUGAR)	Value: _____._____% or Value: _____mg/dL

Date Tests Administered:

PROVIDER SIGNATURE

PLEASE PRINT (OR PROVIDER STAMP)

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, 2023.

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

Marathon Health