Physician Screening Result Form

Berea City School District

Participant: Complete Section 1

Physician: Complete Section 2

SECTION 1—PARTICIPANT INFORMATION—PLEASE PRINT CLEARLY

Participant Date of Birth (MM/DD/YYYY) ☐☐ ☐☐ ☐☐☐☐

Gender ☐ M ☐ F

Participant First Name ☐☐☐☐☐☐☐☐☐☐

Participant Last Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Address ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Unit/Apt. ☐☐☐☐☐☐

City ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

State ☐☐

ZIP ☐☐☐☐☐

Phone Number ☐☐☐ ☐☐☐ ☐☐☐☐

Participant is: ☐ Employee ☐ Spouse

Participant Tobacco Affidavit: I <u>have</u> used tobacco/nicotine products in the past 90 days. ☐ Yes ☐ No

(Tobacco/nicotine products include cigarettes, cigars, e-cigarettes/vapes containing nicotine, chewing or pipe tobacco, or any other tobacco/ nicotine product regardless of frequency or method of use.)

Participant Signature _____ **Date** _____

SECTION 2—PARTICIPANT RESULTS—For physician/office staff use

Total Cholesterol ☐☐☐ HDL ☐☐☐ TC/HDL Ratio ☐☐☐ Fasting: ☐

Triglycerides ☐☐☐☐ LDL ☐☐☐ Glucose ☐☐☐ Non Fasting: ☐

Blood Pressure ☐☐☐ Systolic ☐☐☐ Diastolic

Height ☐ ft. ☐☐ in. Waist ☐☐ . ☐ in.

Weight ☐☐☐ lbs.

Pulse ☐☐☐

For females only: Currently pregnant or pregnant in the last 12 months ☐ Yes ☐ No

Health Care Provider's Name _____

Facility Name: _____

Physician's Signature:_____

Date of Exam:_____

Southwest General Wellness

Please fax completed, signed forms to Southwest General Wellness via fax at 440.816.5113, attn.: Anna Rose

Notice Regarding Wellness Programs

This is a voluntary wellness program available to all benefit eligible employees and/or employees deemed eligible to participate by the employer. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008 (GINA), and the Health Insurance Portability and Accountability Act (HIPPA), as applicable, among others. If you choose to participate in the wellness program, you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test cholesterol and glucose. You are not required to complete the HRA or to participate in the blood test or other medical examinations that may be offered to you as part of this wellness program.
The information from your HRA, and the results from your biometric screening, will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Southwest General Wellness may use aggregate information it collects to design a program based on identified health risks in the workplace, Southwest General Wellness will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment. Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individuals who will receive your personally identifiable health information are Southwest General Wellness and possibly your health insurance carrier in order to provide you with additional care management services under the wellness program as stipulated in your employer's health benefits plan.
Southwest General Wellness complies fully with the Privacy Policies of Southwest General Health Center, which can be found on swgeneral.com.