



Employee Health Screening Authorization Form for Employees of Jefferson City School District

Please complete the top three lines of this form and bring it to the screening event.
Sign the form in front of the person who will draw your blood.

Patient Name: _____ Date of Birth: _____
Address: _____ Phone Number: _____ - _____ - _____
City: _____ State: _____ Zip Code: _____

SSM Health has been contracted to provide biometric screening tests for employees of the Jefferson City School District. The tests include Complete Metabolic Panel (CMP): Sodium, Potassium, Chloride, CO₂, Anion gap, Glucose, Albumin, Alkaline Phosphatase, Total Bilirubin, BUN, Calcium, Creatinine, GGT, Total Globulin, Albumin/Globulin Ratio, AST, ALT, Total Protein, Uric Acid, Glucose, Osmolality, EGFR; Lipid profile: Cholesterol, HDL, LDL, VLDL, Triglycerides, TC/HDL ratio; HgbA1c; and CBC with Differential.

Participants are asked to fast for 14 hours before the blood draw. Please drink plenty of water for 24 hours prior to the screening. You will have blood drawn by a needle from a vein in your arm. Having blood drawn may produce discomfort or minor bleeding and the possibility of bruising at the site of the needle puncture. There is also a slight risk of infection at the site of the needle puncture. Although rare, some people have experienced nausea, light headedness, and fainting in association with a blood draw. Trained medical personnel will perform the blood collection procedures for laboratory tests and will make every effort to minimize any discomfort.

Participant's results will be available on a confidential MyChart account. If you do not have an active MyChart account, you will be sent a link prior to the health fair to sign up in order to receive lab results. All participants with critical lab values will be contacted via telephone at the number provided on this form. We encourage you to share your results with your primary care provider for their medical record.

If you have any questions or need additional information about the test(s), please consult the Jefferson City School District before signing this consent.

I consent to the screening tests being performed by SSM Health on behalf of the Jefferson City School District. I further consent to and authorize to allow medically necessary treatment in the rare event that there is a reaction to this screening.

Printed Name

Date

Signature