



M&M Cartage – Employee Biometrics Form

Your biometric screening will need to be billed under your insurance if you are not completing the test onsite. It should be preventative and at not cost to you. Once the biometric exam is completed, please email this completed form to clinic@mmcartage.com. The onsite Nurse Practitioner will review your ranges and provide information and coaching on areas for improvement. The NP will then forward your biometric screening results directly to the WellRight coordinator so that points can be applied in WellRight for you. If you have any questions about your biometric results, contact the onsite NP at clinic@mmcartage.com or via phone at 812-518-6678. If you have any questions about the WellRight platform and earning points, please contact Brittany Metten at brittany@healthyworksites.com or via phone at 502-426-1170.

Employee Information (employee must complete this section)

Date of Biometrics: _____

Employee Name (First, Last): _____

Date of Birth: _____

Home Address: _____ City, State: _____

Phone Number: _____

Technician must complete and sign this section:

Testing Needed:

Height: _____

Waist Circumference: _____

Systolic Blood Pressure: _____

Diastolic Blood Pressure: _____

Total Cholesterol: _____

HDL Cholesterol: _____

Option HbA1c: _____

Results:

Results:

Weight: _____

BMI: _____

Blood Glucose: _____

LDL Cholesterol: _____

Triglycerides: _____

Please administer a **tobacco test** if the employee claims they are tobacco free - results here: _____

Name of testing facility: _____

Technician Signature: _____ Date of Service: _____