

Once your biometric exam is completed, please email this completed form to Brittany Metten at brittany@healthyworksites.com in order to receive points within your WellRight app. If you cannot email, please call Brittany at 502-426-1170. This screening will need to be billed under your insurance at UMR and should be of no cost to you if set up as a preventative screening.

Employee Information (employee must complete this section)

Date of Biometrics: _____

Employee Name (First, Last): _____

Social Security Number: _____ Date of Birth: _____

Home Address: _____ City, State: _____

Phone Number: _____

Facility Information

Name: _____

Address: _____ City, State, Zip: _____

Phone Number: _____

Technician must complete and sign this section:

Testing Needed:

Results:

Results:

Height: _____

Weight: _____

Waist Circumference: _____

BMI: _____

Systolic Blood Pressure: _____

Blood Glucose: _____

Diastolic Blood Pressure: _____

Total Cholesterol: _____

LDL Cholesterol: _____

HDL Cholesterol: _____

Triglycerides: _____

Option HbA1c: _____

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

Tech Signature: _____ **Date of Service:** _____