



# M&M Cartage – Employee Biometrics Form

Once your biometric exam is complete, please email this completed form to Catie Berkemeier at [Catie@healthyworksites.com](mailto:Catie@healthyworksites.com) in order to receive points within your WellRight app. If you cannot email, please call Catie 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): \_\_\_\_\_

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: \_\_\_\_\_

Tech Signature: \_\_\_\_\_ Date of Service: \_\_\_\_\_