



State of Iowa

Health Care Provider Biometric Screening Form

INSTRUCTIONS

- PARTICIPANT - complete section 1
• HEALTH CARE PROVIDER - complete section 2

SECTION 1 - PARTICIPANT INFORMATION - Print clearly. If the form is illegible it will not be processed

Participant's Date of Birth (MM/DD/YYYY), Gender, Participant's First Name, Participant's Last Name, Address, City, State, Zip Code, Email Address, Phone Number, Do you smoke?, Are you: Employee, Spouse

Please read the following disclosure statement. I understand that my health screening data will be released to health plans associated with my company for the purpose of follow-up health education and disease management counseling (if eligible).

I hereby consent and authorize Summit Health to release and share my test results and reports to WebMD Health Services Group, Inc. ("WebMD"), and I agree that the WebMD Privacy Policy that I accepted, or shall accept, upon my registration, describes how WebMD will use my health information.

Participant's Signature: _____ Date: (Month) (Day) (Year)

PATIENTS: Biometric Screening must be completed between 1/1/15 and 7/31/15 to receive completion credit or incentive (if applicable). This form must also be completed in its entirety, accurately and legible in order to be deemed complete.

SECTION 2 - BODY MEASUREMENTS / BIOMETRICS RESULTS - for physician or office staff use only below this line

FOR HEALTH CARE PROVIDER: The State of Iowa is offering a voluntary wellness program to encourage participants to understand their health risk.

Height, Weight, Body Composition (Waist, Hip, BMI, Body Fat %), Blood Pressure (Systolic, Diastolic), Blood Panel (Total Cholesterol, HDL, LDL, Triglycerides, TC/HDL ratio, Glucose), Fasting Status (Fasting, Non-Fasting), Pulse

I certify the listed biometric values are correct

Facility Name: _____ Phone Number: _____ Date of Service/Test: _____
Health Care Provider's Name: _____ Signature: _____ Date: _____

Please fax completed form to Summit Health at (248) 864-4409 by Deadline 8/11/2015

NOTICE: Any form submitted incomplete, inaccurate or not legible will be deemed invalid

Date Faxed: _____