

State of Iowa - New Hires

Health Care Provider Biometric Screening Form

INSTRUCTIONS:

• PARTICIPANT - complete section 1

• HEALTH CARE PROVIDER - complete section 2

Please fax completed form to Quest Diagnostics Health & Wellness Services at (248) 864-4409

SECTION 1 - PARTICIPANT INFORMATION - Print clearly. If the form is ille										ı is illegib	is illegible it will not be processed. Gender																	
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aggre safeg inform	'pass/fail' test results may be disclosed to my Employer for those incentive pusponsored group health plan for purposes of determining my eligibility for an in aggregation for program improvement purposes, and/or for purposes of popul safeguarding individually identifiable health information is recognized and all onformation from unauthorized access or use. Participant's Signature: PATIENTS: Biometric Screening must be completed within 90 days in its entirety, accurately and legible in order to be deemed complete.										pulation of the pulation of th	lation of my Personal Health Record rganizations involved in this Biomet					d available online and or my Health Ristric Health Screening are obligated to ta						sk Assessment (HRA). The importance of take reasonable steps to protect such					
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 $\underline{\textbf{NOTICE: Any form submitted incomplete, inaccurate or not legible will be deemed invalid}}$