

MEABT Biometric Health Screening

Please be sure to check with your insurance provider before scheduling your screening to confirm it's covered under your plan for this year. You may be responsible for any fees associated with the screening if it is not covered.

Biometric Health Screening Reward Requirements:

Medically covered employees, spouses, retirees and domestic partners are eligible to receive points for the Biometric Health Screening.

- ▶ Screening must be completed between **07/01/2017** and **05/31/2018**.
- ▶ Forms must be received **by 05/31/2018**. Any form received after this date will be held until the next program year.

Marking Instructions: The following pages are to be completed by your health care provider. They may use an ink pen to write the value(s) on the appropriate line(s) AND to fill in the corresponding bubbles. Please be sure that both are complete to ensure this form can be quickly and accurately processed and participation recorded. Do not forget to include this cover sheet and consent with the form attached.

Submit the completed Biometric Health Screening form to Onlife Health (please use one of the three methods provided below):

- ▶ Email: bioforms@onlifehealth.com. Immediate electronic confirmation will be provided for email submissions.
 - ▶ Secure Fax: 615.844.2128
 - ▶ US Mail: Onlife Health, Attn: Onlife Health, 9020 Overlook Blvd., Suite 300, Brentwood, TN 37027
- Please allow up to 6 weeks for processing; points are reflected on the Onlife Health website.
If you have questions regarding this form, the incentive, or need additional assistance please contact **Onlife Health** at **1-877-806-9379, option 1**.

Your Privacy is Protected: MEABT never has access to your Health Screenings or Health Assessment input or results. MEABT's wellness programs are completely confidential and administered through third-party vendors. Vendors will only provide MEABT with aggregate group data that is not identifiable to any individual.

Please read the disclosure statement: I understand my individually identifiable information may be shared with and used by Onlife Health to populate health assessment data and to provide health management services including data aggregation for program improvement purposes. Such information will not be used for any other purpose. I understand that my individually identifiable health information will not be shared with MEABT; however MEABT will be advised of the fact of my participation in the Know Your Numbers (biometric health screening) campaign. The importance of safeguarding individually identifiable health information is recognized and all organizations involved in this screening are obligated to take reasonable steps to protect such information from unauthorized access or use.

Name (First, Middle Initial, Last): _____

Signature of consent to participate: _____

Gender
<input type="radio"/> Male
<input type="radio"/> Female

Fasting Status
<input type="radio"/> Fasting
<input type="radio"/> Non-Fasting

Date of Exam
____ - ____ - ____

Resting Pulse	____	____	____
	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6
	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7
	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	

Blood Pressure	____	____	____	____	____	____
	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6
	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7
	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	

Glucose	____	____	____
	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6
	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7
	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	

Total Cholesterol	____	____	____
	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6
	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7
	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	

HDL	____	____	____
	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6
	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7
	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	

LDL	____	____	____
	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6
	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7
	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	

Triglycerides	____	____	____
	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6
	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7
	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	

Health Care Provider Name

Health Care Provider Signature