



Biometric Health Screening



Know Your Numbers

Receive a \$75 reward and 75 points for completing your Biometric Health Screening in **2017**.

Biometric Health Screening Reward Requirements:

Medically covered Enrollees and spouses are eligible to receive a \$75 reward and 75 points toward more rewards for completing their Biometric Health Screening.

- ▶ This form must be completed in its entirety and received by Onlife Health no later than **November 30, 2017**.
- ▶ The Biometric Health Screening must have been completed in 2017.
- ▶ The 2017 Onlife Health Assessment must be completed.
- ▶ Please allow at least 6 weeks for processing.

Instructions: The following pages are to be completed by your health care provider, using a black or blue 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 this page and the completed Biometric Health Screening Form to Onlife Health:

- ▶ Email: bioforms@onlifehealth.com. Immediate electronic confirmation will be provided for email submissions.
- ▶ Fax: 615.844.2128
- ▶ US Mail: Onlife Health, Attn: Onlife Health, 9020 Overlook Blvd., Suite 300, Brentwood, TN 37027
- ▶ If you have questions regarding this form please contact **Onlife Health** at **800.711.8656**.
- ▶ If you have questions regarding your incentive or need additional assistance, please contact **HealthTrust's Enrollee Services Representatives** at **800.527.5001**.

Notice, Privacy and Consent: I agree to participate in this Biometric Health Screening. I understand that this screening will be used to determine possible health risks. I understand that my participation is voluntary and that I am not required to participate as a condition of employment or enrollment in my employer's health plan.

I understand my individually identifiable information as requested below may be shared with and used by Onlife Health to provide me with a wellness report and for other health management services including data aggregation for program improvement purposes. My Biometric Health Screening information may also be provided to Anthem to provide case management services. I understand that my individually identifiable health information will not be shared with HealthTrust or my employer. However, HealthTrust and/or my employer may be advised of the fact of my participation for purposes of incentive administration and may be provided aggregate information not identifiable to any individual in order to design a wellness program based on health risks in the workplace. 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 in accordance with applicable HIPAA privacy policies.

Name (Please Print First, Middle Initial, Last) : _____

Signature: _____ Date: _____

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