

Physician Biometric Screening Results Form

Submit values dated March 1, 2018 or after.

Screening Date: _____

First Name: _____ Last Name: _____

Date of birth: _____ Age: _____ Sex at birth: M or F ** Gender Identity: _____

(Please check one option) Are you a Nationwide Children's Employee [] Spouse [] Last 4 SSN _____

Primary Insurance holder/Employee ID # _____ Phone _____

Email: _____ If NCH spouse, employee name needed _____

Health care provider name _____

Do you use tobacco or nicotine products (such as patches, gum, e-cigarettes, etc.)?

- YES If yes, please be aware that you will be charged the tobacco surcharge on your medical premium.
- NO If no, you will need to submit blood cotinine test results. If you submitted results already, no need to re-submit.

*A health professional from a clinic, pharmacy, or physician office can complete the form. We recommend that you receive the completed form and then submit it to Employee Wellness. **Incomplete forms are not accepted. You will receive a letter from Employee Wellness by email when we receive your results. If you don't receive the confirmation, email EW.*** The biometric information in this form may be used by Employee Wellness to administer and evaluate the wellness programs offered by the NCH Health Plan, including the analysis of such information to assess health changes in the participant population.

Deliver this form to Employee Wellness (574 S. 18th St.) Email: employeewellness@nationwidechildrens.org or Fax: (614-355-4298).

Submit Completed Form by February 28, 2019

BIOMETRIC RESULTS*: BP, HDL, Triglycerides, Waist, and Glucose (+/or A1C) Must Be Completed

**If you have questions based on your gender indication, please contact Employee Wellness at 614-355-4149.

If you're pregnant, you're exempt from biometric screening. You must contact Employee Wellness for the exemption. You will still need a cotinine test completed. If you're nursing, your cholesterol results may be affected. Inform health care provider.

*If you already submitted a negative cotinine test, no need to resubmit.

| Metabolic Synd Measures | Your Levels | Metabolic Targets |
|---|-------------|---|
| Blood Pressure | | Less than 130/85 |
| HDL (Good "Healthy" Fat) | mg/dl | Female: More than 50, Male: More than 40 |
| Triglycerides | mg/dl | Less than 150 |
| Waist | " | Female: Less than 35" Male: Less than 40" |
| Glucose Fasting Y or N | mg/dl | Fasting: Less than 100, Nonfasting: 140 |
| If 3 out of 5 metabolic syndrome measures are out of range, member needs an HgA1C screen | | |
| A1C | % | Below 5.7% |
| Height | | feet and inches |
| Weight | | pounds |
| LDL ("Bad" Fat) | mg/dl | Less than 100 |
| Total Cholesterol | mg/dl | Less than 200 |
| Cholesterol/HDL Ratio: | | Less than 3.5 |
| * Cotinine Blood Test | ng/mL | Less than 40 ng/mL = negative |

Provider Signature

Date _____

