

Physician Biometric Screening Results Form

Submit values dated March 1, 2017 or after.

Screening Date: _____

First Name: _____ Last Name: _____

Date of birth: _____ Age: _____ Gender (M or F): _____ Phone: _____

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

Primary Insurance holder/Employee ID # _____

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 in 2015 or 2016, 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 25, 2018

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

Metabolic Synd Measures	Your Levels	Optimal Levels
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 <i>Fasting Y or N</i>	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

*If you're pregnant, you're exempt from biometric screening. You must contact Employee Wellness for 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.

Provider Signature

Date _____

