

# Atlantic Packaging Wellness Incentive Program 2021/ 2022 Biometric Screening Form

**MEMBER**

Please fill out the top portion of this form and take it to your medical provider when you complete your biometric health screening. The provider-based screening **must** occur between 9/1/2021 and 8/31/2022 to count towards the Atlantic Packaging Wellness Incentive Program activities. Once completed by your provider, it is YOUR responsibility to return this form to (see contact information and instructions below).

TODAY'S DATE     /    /    

PATIENT NAME (PLEASE PRINT CLEARLY)  
 

DATE OF BIRTH  
    /    /    

EMPLOYEE NUMBER  
 

**Provider: Please complete this section**

**MEDICAL PROVIDER**

Your patient has an opportunity to complete a biometric screening as a part of a wellness incentive program. Please review the components to be included in the screening. When the screening is complete, please fill out this form, sign and date it and return it to the patient. Please fill out this form completely.

ANNUAL HEALTH SCREENING CRITERIA	RESULTS
FASTING	<input type="radio"/> Yes <input type="radio"/> No
TOBACCO USER	<input type="radio"/> Yes <input type="radio"/> No
BODY MASS INDEX (BMI)	Height <span style="border-bottom: 1px solid black; width: 50px;"> </span> " / Weight <span style="border-bottom: 1px solid black; width: 100px;"> </span> BMI <span style="border-bottom: 1px solid black; width: 100px;"> </span> . <span style="border-bottom: 1px solid black; width: 20px;"> </span>
WAIST CIRCUMFERENCE	Value: <span style="border-bottom: 1px solid black; width: 50px;"> </span> "
BLOOD PRESSURE	Value: <span style="border-bottom: 1px solid black; width: 100px;"> </span> / <span style="border-bottom: 1px solid black; width: 100px;"> </span>
TOTAL CHOLESTEROL	Value: <span style="border-bottom: 1px solid black; width: 100px;"> </span>
HDL CHOLESTEROL	Value: <span style="border-bottom: 1px solid black; width: 100px;"> </span>
TRIGLYCERIDES	Value: <span style="border-bottom: 1px solid black; width: 100px;"> </span>
LDL CHOLESTEROL	Value: <span style="border-bottom: 1px solid black; width: 100px;"> </span>
TOTAL CHOLESTEROL TO HDL RATIO	Value: <span style="border-bottom: 1px solid black; width: 50px;"> </span> . <span style="border-bottom: 1px solid black; width: 50px;"> </span>
BLOOD SUGAR	Value: <span style="border-bottom: 1px solid black; width: 100px;"> </span>

Date Tests Administered:  

PROVIDER SIGNATURE  
 

PLEASE PRINT (OR PROVIDER STAMP)  
 

PROVIDER PHONE NUMBER  
 

Please return to Marathon Health by **August 31, 2022.**

Fax to the Tabor City Health Center at 910-377-3419 or contact your health coach to submit this form.

