

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 " / Weight BMI .
WAIST CIRCUMFERENCE	Value: "
BLOOD PRESSURE	Value: /
TOTAL CHOLESTEROL	Value:
HDL CHOLESTEROL	Value:
TRIGLYCERIDES	Value:
LDL CHOLESTEROL	Value:
TOTAL CHOLESTEROL TO HDL RATIO	Value: .
BLOOD SUGAR	Value:

Date Tests Administered:

PROVIDER SIGNATURE

PLEASE PRINT (OR PROVIDER STAMP)

PROVIDER PHONE NUMBER

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

FAX OR EMAIL YOUR COMPLETED FORM TO THE ADDRESSES OR FAX NUMBER BELOW.

Marathon Health
F: 802.419.9688
E: wellness@marathon-health.com

