

Physician Biometric/Lab Form Instructions

Employee Instructions:

1. Schedule an appointment with your health care provider.
2. Prior to your appointment, verify your provider can measure all required biometric screenings (height, weight, blood pressure, lipid panel, blood glucose, and A1C if diagnosed with diabetes)
3. Sign the form next to “Employee Signature”.
4. Bring the form with you to your provider appointment. Give the form to your provider to complete the Biometrics and Lab section of the form. **All required fields must be completed for your form to be scored correctly. Any section left blank will result in a loss of points for the Health Insurance Incentive program.**

****Please note**** Contact your provider’s office prior to your appointment to confirm any additional fees.

Before your screening:

- ❖ **Take your medications as usual**
- ❖ **Fast (nothing to eat or drink) for 12 hours preferred but 8 hours minimum prior to the blood test**
- ❖ **Avoid alcohol consumption 24 hours prior to the blood test to promote accuracy of the test results**

Returning the Form:

The provider should **fax the completed form to 712-224-4301**. In the event the provider refuses to fax the form you will be required to fax the form to the number above. It is your responsibility to ensure the form is complete and is submitted correctly.

Provider Instructions:

1. Complete the Biometrics and Labs section of the form.
2. An A1C test is recommended if participant is diagnosed with diabetes.
3. Sign, date and enter your office address, details, and telephone number. (office stamp permissible)
4. Ensure all required biometric and lab fields are completed for processing.
5. Confirm with the participant that he/she or you will fax the form to **712-224-4301** or mail to: **UnityPoint Health® – Occupational Medicine
On-site Nursing/Wellness
4230 War Eagle Drive
Sioux City, IA 51109**



UnityPoint Clinic

UnityPoint Clinic - Occupational Medicine
Physician Biometric/Lab Form
Morningside College

Program participation requires biometrics and lab work to be obtained and the completed form be faxed to 712-224-4301.

Personal Information (To be completed by Employee):

Employee Name: _____

Date of Birth: _____ Phone: _____

Address: _____

City/State/Zip: _____

Email Address: _____

Employee Smoking Status (To be completed by employee) DO NOT LEAVE BLANK:

- non-smoker
- current smoking/use chewing tobacco
- active smoking cessation program/medication

Biometrics and Labs (Completed by Physician's office):

Date of Screening: _____ Fasting Non Fasting

Height	_____	in.
Weight	_____	lbs.
Waist Circumference	_____	in.
BMI	_____	
Blood Pressure	_____/____	mmHg
Total Cholesterol	_____	mg/dl
Blood Glucose	_____	mg/dl
OR A1C (if diabetic)	_____	%

I authorize my health care provider to send my biometric and lab results to Unity Point Health – Occupational Medicine.

Employee Signature: _____ Date: _____

Physician/Health care Provider Signature (includes RN, Dr. ARNP or PA-c) _____

Provider Name (print or stamp): _____

Provider Address: _____

Phone Number: _____