



SCREENING NAME

Warrick County Government Health Screenings 2020

CRITERIA AND INSTRUCTIONS

The following testing criteria must be met for the Employee to be eligible for the wellness program incentive.

1. The required fasting laboratory tests include: **Lipid Panel, CMP**
2. The required biometrics include: **Blood Pressure, Height, Weight, BMI**
3. The blood sample must be drawn by **venipuncture**.
4. Blood results must be provided on this form.
5. All of the information included on this form is required. Any missing information will prevent your results from being entered.
6. Tests should be administered no earlier than: **01/01/2020** and no later than: **12/31/2020**
7. Screening results must be received by Tri-State Community Clinics no later than: **12/31/2020**
8. Completed Physician Health Screening Form can be faxed to 812-491-0033 or **emailed to achipps@tscommunityclinics.com**.

Section A | EMPLOYEE INFORMATION (employee to complete)

First Name:		Last Name:	
Sex:	Last 4 SSN: _____	DOB: (mm/dd/yyyy): _____/_____/_____	
Phone:		Email:	
Employee Signature:			

Section B | PHYSICIAN AND/OR TESTING FACILITY INFORMATION (physician / nurse to complete)

Physician & Practice / Facility Name:	
Address:	Phone#:
Tobacco Use: YES or NO (please circle one)	
Physician Signature:	Test Date: _____/_____/_____

Section C | BIOMETRIC TEST RESULTS (physician/nurse to complete)

Blood Pressure

Systolic: (mmHg)	Diastolic: (mmHg)
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Body Measurements

Height:(inches)	Weight:(lbs)	BMI:
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Section D | BLOOD TESTING RESULTS. (physician/nurse to complete) ALL FIELDS MUST BE COMPLETED.

Blood Testing Results

Total Cholesterol: (mg/dl)	LDL Cholesterol: (mg/dl)	HDL Cholesterol: (mg/dl)	Triglycerides: (mg/dl)	Glucose: (mg/dl)
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