

Screening Name

Oklahoma County 2024 Health Screenings

Criteria and Instructions

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

- The required fasting laboratory tests include: **Lipid Panel and Fasting Glucose**.
 - Optional** laboratory tests include: **HbA1c for all and PSA for Males 50+**.
- The required biometrics include: **Blood Pressure, Height, Weight and Waist Circumference**.
 - Optional** biometrics include: **Body Fat %**.
- Blood results must be provided on this form and supported by a copy of your official lab results which includes your name, DOB, test results and test date for verification (a physician's letter will not suffice).**
- All information included on this form is required. Any missing information may prevent or delay your results from being entered and could disqualify you from participating in the wellness program.
- Do not provide a copy of this form to other participants. Each participant must request their own form.
- Tests should be administered no earlier than: **8/1/2024** and no later than: **10/20/2024**.
- Screening results must be received by eHealthScreenings no later than: **10/20/2024**.
- Completed Physician Screening Form **and** supporting official laboratory form (a copy of your results) can be uploaded to your health screening portal. Go to Step 2 and select Upload Form. Alternatively, documentation can be emailed to ehs.physicianscreening@ehealthscreenings.com.

Section A | Participant Information (participant to complete)

First Name:	Last Name:
Sex:	DOB: (mm/dd/yyyy): ____ / ____ / ____
Phone:	Email:
Participant Signature:	
Date:	

Section B | Physician and/or Testing Facility Information (physician / nurse to complete)

Physician & Practice / Facility Name:	
Address:	Phone #:
National Provider ID # or CLIA certification #:	Test Date (required): ____ / ____ / ____
Physician Signature:	Date:

Section C | Biometric Test Results and Fasting Status (physician to complete)

Blood Pressure		Body Measurements <small>(BMI is a calculated value and will be available in your final report from eHealthScreenings)</small>				Fasting Status
Systolic: (mmHg)	Diastolic: (mmHg)	Height: (inches)	Weight: (lbs)	Waist: (inches)	Body Fat: (%)	<input type="checkbox"/> Yes, I fasted 9 or more hours <input type="checkbox"/> No, I did not fast 9 or more hours

Section D | Lab Test Results (participant **must** fill in and submit **both** this form and lab report by the deadline)

Blood Testing Results

Total Cholesterol: (mg/dl)	HDL Cholesterol: (mg/dl)	Triglycerides: (mg/dl)	Glucose: (mg/dl)	LDL Cholesterol: (mg/dl)	HbA1c: (mmol/mol)	PSA: (ng/mL)	
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