



## EMPLOYEE HEALTH SCREENING

# Oklahoma County Wellness 2024

Screening Key: PHE118

Schedule your complimentary health screening today & be eligible for one-month FREE benefits premium!

- If you have single coverage, simply complete your screening
- If you have family coverage and do *not* cover a spouse, only you need to participate
- If you have family health coverage *and* cover a spouse, both you and your spouse are required to have a health screening

*Dates and times vary by location, check the portal for availability.*

**Tests Include:** Total Cholesterol, HDL, LDL, Triglycerides, Glucose, HbA1c Reflex, PSA for men 50+, Blood Pressure, Height, Weight, Waist Circumference, Body Fat %, and BMI.  
**9 hour fast recommended. Black coffee and water permitted.**

### TO SCHEDULE YOUR ONSITE APPOINTMENT:

1. Go to <https://www.ehealthscreenings.com/signup>.
  - a) **Returning Participants:** Enter your username and password and click **Submit**. On the following screen under Step 1, enter the Screening Key: **PHE118** and **Click to Select**.
    - *If you do not remember your login credentials, please click the “[Forgot your username or password?](#)” links. On the following page, leave the “Employee ID” field blank. Call 888-708-78807 for assistance.*
  - b) **New Participants:** Under **NOT YET REGISTERED?**, enter the Screening Key: **PHE118** and click **Submit**. Enter your assigned default username and password as follows:  
USERNAME: First + Last Initial + DOB (MMDDYYYY) (example: John Smith born 4/23/1975 is **JS04231975**)  
PASSWORD: Last Name + Last 4 SSN (example: John Smith with social 123456789 is **Smith6789**)  
*\*Username and Password are case sensitive*
2. Update account information and click **Submit**.
3. Select to opt in/out of receiving a text message reminder the day before your appointment, click **Submit**.
4. Use the drop-down function to choose your desired location, date and time. Click on **Register**.
5. Select your **Comfort Level** by using the drop-down function and click **Next**.
6. Click **Continue to Proceed** or **Change my Answers** to make an adjustment to the previous question.
7. Acknowledge the Health Screening Consent by checking the “**I agree**” box located at the bottom of the consent. Enter first & last name in the Signature section. Click **Continue**.
8. Once you have completed the sign-up process, a confirmation page will be generated for you to print for your records. You will also receive a confirmation email with the same information just after scheduling your appointment and 24 hours before your appointment time.

**REMEMBER:** We recommend you fast (no food or drinks with calories) for 9 hours before your appointment. Please drink plenty of water. Black coffee is permitted. Continue to take any prescription medications. If you have a condition that makes it difficult to fast, please consult your physician before fasting.

To schedule by phone or for assistance on the portal, please call EHS Customer Service at 888-708-8807, ext. 1, Monday through Friday 7:00am - 6:00pm CST.