

EMPLOYEE WELLNESS ANNUAL PHYSICAL FORM



In efforts to support the health and wellbeing of our employees, Employee Wellness asks that all employees complete an annual physical in order to be eligible for any monetary incentives through the Employee Wellness Program. This form is optional, you can choose to submit an EOB or doctor's note for proof of you annual physical in WellSteps.

This section to be completed by Employee Wellness participant

Full Name _____ EIN (6 or 7 digit if adult designee) _____

Email address _____ Birth Date ____/____/____

By signing below, I understand, I will be eligible to earn 150 points through WellSteps by completing the Employee Wellness Annual Physical Form or submitting an EOB or doctor's note. **Please note, submitting the biometric results on page 2 is not a required step and is completely voluntary.** Biometric information will be reviewed by the Employee Wellness team and may be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as company challenges, seminars, healthy lifestyle tips, health coaching, and more, all aimed at supporting your well-being.

Employee Signature _____ Date: _____

This section to be completed by Physician

Physician's signature _____ Date: _____

Please Print Name: _____ Phone#: _____

While it is not required, if patient wishes to receive additional Employee Wellness points for the general medical and vaccination information below, please fill in the date for each, if completed within the last year.

_____ COVID Vaccination _____ Flu Vaccination _____ Pap/Prostate Exam
_____ Prenatal Exam _____ Colonoscopy _____ Mammogram

Optional Biometric Data to be completed by Physician with patient's consent on page 2.

EMPLOYEE WELLNESS ANNUAL BIOMETRIC SCREENING FORM

Please note, submitting the biometric results is not a required step and is completely voluntary. Biometric information on this form may be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as company challenges, seminars, employee wellness tips, health coaching and more, all aimed at supporting your well-being. If you choose not to submit your biometric data for the Employee Wellness team to review, you can choose to just submit the Annual Physical Form, an EOB or doctor's note to meet the program requirements for completion of an annual physical in order to be eligible for any monetary incentives through Employee Wellness.



You will be awarded an additional 50 Employee Wellness points for completing the biometric section.

Full Name _____ EIN (6 or 7 digit if Adult Designee) _____

Email Address _____ Phone # _____

This section to be completed by Physician with patient's consent.

General Information:

ft in lbs
 Height (without shoes) Weight (without shoes)

| | | | |
|--|---|--|--|
| Blood Pressure <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> mm Hg | Desirable Elevated High Risk | ≤ 129/79 mm Hg 130 - 139/80 - 89 mm Hg ≥ 140/90 mm Hg | ▶ Blood Pressure measures the resistance of blood flow in your arteries. |
|--|---|--|--|

| | | | |
|--|--|---|---|
| Blood Glucose <input type="text"/> <input type="text"/> <input type="text"/> mg/dL | Desirable Pre-Diabetes Diabetes | 70 - 99 mg/dL 100 - 125 md/dL 126 mg/dL or above | ▶ High blood glucose levels increase the risk of developing diabetes. |
|--|--|---|---|

| Cholesterol Levels | Desirable | Elevated | High Risk | |
|--|-------------------------------|----------------------------------|----------------------------|--|
| TOTAL <input type="text"/> <input type="text"/> <input type="text"/> mg/dL | < 200 | 200 - 239 | ≥ 240 | ▶ Cholesterol is a waxy substance the body needs to function. High Total and LDL, and low HDL cholesterol increase risk of heart attack and stroke. Triglycerides are a type of fat used to store energy. |
| HDL (good) <input type="text"/> <input type="text"/> mg/dL | Female & Male: ≥ 60 | Female: 50 - 59 Male: 40 - 59 | Female: ≤ 49 Male: ≤ 39 | |
| LDL (bad) <input type="text"/> <input type="text"/> <input type="text"/> mg/dL | < 130 | 130 - 159 | ≥ 160 | |
| Triglycerides <input type="text"/> <input type="text"/> <input type="text"/> mg/dL | < 150 | 150 - 199 | 200 - 499 | |

| | | | |
|--|--|--|---|
| Other Health Risks HbA1c <input type="text"/> . <input type="text"/> % | Desirable Pre-Diabetes Diabetes | 4 - 5.6% (non-diabetic) 5.7 - 6.4% (non-diabetic) 6.5% or more (non-diabetic) | ▶ Hemoglobin A1c is an indicator of diabetes. Diabetic goal: 7% or less |
|--|--|--|---|

PHYSICIAN: Referral to Workplace Employee Wellness Program Offerings

If any results are out of range, check recommended treatments.

- Health Coaching:(please list a suggested goal) _____
- CDC Diabetes Prevention Program - Year Blood Pressure Monitoring Month Long
- Arthritis Foundation Walk with Ease - 6wk Park RX Outdoor Prescription Program
- Tobacco Cessation Program: Healthy Lifestyles incentive program for quitting tobacco
- Living Well Classes: (fall prevention, chronic conditions, chronic pain) _____
- Other screening(s): _____

Form submission to be completed by employee

Submit completed form by uploading document on WellSteps or email to employeewellness@saltlakecounty.gov