2020 MPC PREVENTIVE PHYSICAL FORM

Step 1: Complete all participant information. Print your name and sign the form to confirm you have read and agree to the Disclosure of Information at the bottom of this form.
Step 2: Take form to your annual preventive physical and have the health care provider complete and sign.
Step 3: Submit form one time, on or before 12/31/20, using one of the methods at the bottom of the form.

WellALLWays
Fueling Healthy Lifestyles

STEP 1: Complete all participant information, including email

First Name:

Last Name:

Date of Birth: (mm/dd/yyyy)

/ /

Employee ID: (Spouses enter Employee ID + S)

Email: (Required to provide confirmation of form receipt.)

Printed Name:_____ Date:_____

Signature (required):_____

STEP 2: Have health care provider sign, date and complete relevant sections below

Provider Name:_____ Provider Phone Number:_____

Provider Signature (required):_____ Date of Physical:_____

Allowable dates: 1/1/20-12/31/20

OPTIONAL SECTION: Any biometric data provided will be uploaded to your online portal account

Blood Pressure: / (Systolic / Diastolic)

Height: (Ft. / Inches)

Weight: (Lbs,)

Glucose: **Total Cholesterol:** **HDL:** **LDL:** **Triglycerides:**

Gender:	O Male	O Female
Have you fasted for at least 9 hours? *(No food. Only water permitted.)*	O Yes	O No
Are you pregnant? *(Females Only)*	O Yes	O No

STEP 3: Submit your form

- Submit form once, using one of the methods listed below. Forms must be RECEIVED by 12/31/20 and will not be accepted after deadline.
  - Securely upload online at mympcwellallways.com (preferred method).
  - Fax securely to 402-939-0604.
- You should receive a confirmation within 48 business hours (up to 2 business days) at the email listed above. If you do not receive the confirmation, please resubmit your form.
- Please allow 10 business days for the information to be available on the portal.

Employees must also complete the 2020 online health assessment to earn the Well ALL Ways Incentive payroll stipend. Visit http://www.mympcwellallways.com/ to complete the assessment by 12/31/20. Spouses are not required to complete the online health assessment to earn the additional incentive but must create an account on the wellness portal to receive credit.

Disclosure of Information, Authorization, and Certification

Disclosure of Information. Participant provides his or her knowing and voluntary authorization for the acquisition and use of the information provided above consistent with the terms of the following disclosure and authorization. Participant understands that the information submitted on this form ("Personal Information") will be transferred to StayWell by TotalWellness and that such Personal Information will be used by StayWell to provide wellness program services to Participant, which includes using the Personal Information to inform Participant of relevant health-related and health education programs offered by StayWell or by another service contractor. In the event that StayWell's services are transitioned to another service provider, StayWell may deliver the Personal Information to the successor provider to maintain a continuity of services. In order to distribute any incentives, StayWell may provide Participant's name/unique ID to Participant's employer or its designated representative to notify them of the fact that Participant is eligible for the incentive. In addition to any Personal Information disclosed as set forth above, aggregate, de-identified survey results may be made available to the employer for program administration purposes. StayWell may also use Personal Information as part of group statistical research and analysis, in a manner that does not identify Participant. Participant also understands that Personal Information may be incorporated into individual Health Assessment results by StayWell. Except for these types of usage and the uses specified in my StayWell Online terms of use, Personal Information will not be disclosed by StayWell. StayWell understands that Personal Information may be considered protected health information that is subject to the privacy and security rules of the Health Insurance Portability and Accountability Act of 1996, as amended ("HIPAA"). StayWell will comply with the HIPAA to the extent applicable.

GINA Notice and Authorization. This preventive physical form is part of the employer's wellness program ("Employer Program"), which is a voluntary wellness program administered according to federal rules, including the Genetic Information Nondiscrimination Act ("GINA"). The information provided on this form may be considered GINA Protected Information. The Employer Program uses GINA Protected Information to help Participants understand their potential health risks and to offer other wellness program services. The Employer Program safeguards GINA protected information and will not disclose any GINA Protected Information, except as permitted by GINA and other applicable law. GINA Protected Information will be disclosed to vendors of your Employer Program, for purposes of providing Participants with Employer Program services. Participant will not be asked to waive the confidentiality of this information as a condition of participating in the Employer Program or as a condition of receiving any incentive. GINA Protected Information will only be disclosed to the employer in aggregate terms that do not disclose a Participant's specific identity and will not be disclosed to any managers, supervisors, or others who make employment decisions, or to anyone else in the workplace.

Certification: Through the above signature, Participant certifies that the information supplied on this form is accurate and has been provided to Participant by his or her health care provider.

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