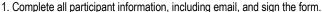
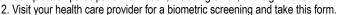
2023 Mascaro Construction Primary Care Provider Form

Instructions:







- 3. Ask your provider to complete the Biometric Information section using results obtained between January 1, 2023 and October 20, 2023 and sign the form.
- 4. Submit this form once, using one method listed below by October 20, 2023. Forms received after the deadline will not be accepted.
 - a. Preferred Method: Securely upload online at https://www.totalwellnesshealth.com/private/mascaroconstructionpcp/
 - b. Fax securely to 402-939-0458.
 - c. Mail to TotalWellness, Attn: Data Team, 9320 H Court, Omaha, NE 68127. Forms must be received by October 20, 2023.
- 5. Within 5 business days of form submission, a confirmation email will be sent to the email listed below. If a confirmation email is not received after 5 business days, please resubmit your form.

days, please resubmit your form.				
PARTICIPANT INFORMATION	Doublein and Look Names			
Participant First Name:	Participant Last Name:	1 1		
Participant Date of Birth: (mm/dd/yyyy)	Employee ID:			
Email: (Required to provide confirmation of form receipt.)				
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	
Are you an employee or spouse?		O Employee	O Spouse	
BIOMETRIC SCREENING INFORMATION				
Date of Screening: (mm/dd/yyyyy)	Diastolic Ft.	Inches		Waist:
Glucose: Total Cholesterol: HDL:	LDL:		Triglycerides:	
Physician Printed Name:	Physician Phone Number:_			
Physician Signature:				
CONSENT Disclosure of Information. I understand that TotalWellness may utilize the above health in provide confidential services to me and gather anonymous statistical data for my company. trends in health conditions and use of services. No personal health information will be provided transferred to a third party for reporting and/or incentive tracking.	I understand that my basic statistics v	vill be aggregated a	and presented in reports	only to show

GINA Notice and Authorization. This Screening is part of my employers wellness program ("Employer Program"), which is a voluntary wellness program administered according to federal rules, including the Genetic Information Nondiscrimination Act ("GINA"). The results of this Screening may be considered GINA Protected Information. GINA requires that you receive this GINA Notice and Authorization prior to undergoing the Screening. Your Employer Program uses GINA Protected Information to help you understand your potential health risks and to offer you 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. Your GINA Protected Information will be disclosed to you and to vendors of your Employer Program, for purposes of providing you with Employer Program services. Your GINA Protected Information will not be sold, exchanged or transferred, except to the extent required by law to carry out activities related to the Employer Program. You 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. Your GINA Protected Information will only be disclosed to your employer in aggregate terms that do not disclose your specific identity.

Certification: I certify that the information supplied on this form is accurate and has been provided to me by my health care provider and that TotalWellness may contact my provider regarding this information.

Participant Printed Name:	Date:	
Participant Signature:		