

Instructions:

- 1. Complete all participant information, including email, and sign the form.
2. Visit your physician for a biometric screening and take this form.
3. Ask your physician to complete the Biometric Screening Information section using results obtained between 1/1/2024 - 11/15/2024 and sign the form.
4. Submit form once, using one method listed below. Forms must be RECEIVED by 11/15/2024.
5. Within 48 hours of form submission, a confirmation email will be sent to the email listed below.
6. Please allow 10 business days for the information to be available on the portal.

PARTICIPANT INFORMATION

First Name:

Grid for first name input

Last Name:

Grid for last name input

Date of Birth: (mm/dd/yyyy)

Grid for date of birth input

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

Grid for email input

Gender:

Male Female

Have you fasted for at least 9 hours? (No food. Only water permitted.)

Yes No

Are you pregnant?

Yes No

BIOMETRIC SCREENING INFORMATION

Date of Screening: (mm/dd/yyyy)

Grid for date of screening input

Acceptable Date Range: 1/1/2024-11/15/2024

Blood Pressure:

Grid for blood pressure input

Diastolic

Height:

Grid for height input

Ft.

Inches

Weight:

Grid for weight input

Lbs.

Waist:

Grid for waist input

Inches

Glucose:

Grid for glucose input

Total Cholesterol:

Grid for total cholesterol input

HDL:

Grid for HDL input

LDL:

Grid for LDL input

Triglycerides:

Grid for triglycerides input

Physician Printed Name: Physician Phone Number:

Physician Signature:

CONSENT

Disclosure of Information. I understand that the information submitted on this form (my "Personal Information") will be transferred to WebMD by TotalWellness. My Personal Information is used by WebMD to provide wellness program services to me...

GINA Notice and Authorization. This screening is part of your employer's wellness program ("Employer Program"), which is a voluntary wellness program administered according to federal rules, including the Genetic Information Nondiscrimination Act ("GINA").

Certification: By signing this form, I certify that the information supplied on this form is accurate and has been provided by me by my physician.

Participant Signature (REQUIRED): Date:

Submit form using one of the following methods:

Securely upload online at totalwellnesshealth.com/gravity-landing/rexelusa

Fax to: 402-939-0604 | Mail to: TotalWellness, Attn: Data Team, 9320 H Court, Omaha, NE 68127