SALTCHUK

Health Screening Form

IF YOU HAVE A COPY OF YOUR LAB RESULTS

- ☐ Complete *Participant Information & Signature* section
- ☐ Obtain a copy of your lab results
- ☐ Complete *Health Results* section
- ☐ Submit screening form *with lab results*

IF YOU DO NOT HAVE A COPY OF YOUR LAB RESULTS

- ☐ Complete *Participant Information & Signature* section
- ☐ Have Provider complete *Health Results section*
- ☐ Have Provider complete *Provider Signature* section
- ☐ Submit screening form

PARTICIPANT INFORMATION

First Name | **MI** | **Last Name**

Date of Birth (Month) / (Day) / (Year) | **Gender** M/F | **Unique ID** (Last 2 digits birth year and last 4 SSN) | **Employee/Spouse**

Daytime Phone # | **Email Address** *(Confirmation will be sent to this email address)*

PARTICIPANT SIGNATURE

By signing and faxing this form, I understand that my data will be shared with the administrator of the applicable wellness program. My individual results will NOT be shared with my employer. Vivacity is committed to maintaining the confidentiality of your medical information.

This form will not be accepted without a participant signature.

Participant Signature: _____ (Month) (Day) (Year)

HEALTH RESULTS

Height ft in | **Weight** lbs | **Fasting** Yes No | **Glucose**

Cholesterol

HDL: | TRI: | LDL: | Total:

Blood Pressure Systolic / Diastolic

Screening Date (Month) (Day) (Year)

****NOTE - LAB VALUES WILL NOT BE ACCEPTED IF COLLECTED PRIOR TO 11/1/2022.**

PROVIDER SIGNATURE

PROVIDER INSTRUCTIONS BELOW - READ CAREFULLY

Complete this section by checking the appropriate screening option. Provider signature and date required.

☐ **Standard Health Screening**
I certify this patient has completed a standard health screening visit.

☐ **Preventive Visit**
I certify this patient has completed a preventive care visit (includes CDL physicals).

☐ **Exception**
I certify this patient should not complete the health screening as it is not medically necessary.

Provider Signature: _____ (Month) (Day) (Year)

SUBMISSION / QUESTIONS

Submit the completed fax form by **November 30, 2023**

- Fax: 1-877-657-4183
- Email: Saltchuk@vivacity.net

NOTE - Emailing data is not considered a secure form of communication

For questions regarding your health screening please contact Vivacity at **Saltchuk@vivacity.net**