



**This form is for physician offices only, not for direct lab use.**

**EMPLOYEE:** Please use this form to obtain your lab and screening results from your healthcare provider. Please complete the following contact information and follow the directions provided below. The information on this form is confidential and HIPAA-compliant. Any information shared will not be disclosed except in accordance with HIPAA laws. **All fields below are required.**

Employee Name: \_\_\_\_\_ Employer: Eastern Kentucky University

Employee Date of Birth: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

**PLEASE NOTE:**

- You may submit biometric screening tests completed by your health care provider on or after January 1, 2024.
- This form must be completed and uploaded in the WellRight platform no later than 11/30/2024 to receive the incentive in the 2024 tax year.
- All fields must be completed. This form **requires** a physician's signature.

**TO LICENSED MEDICAL PROFESSIONAL:** The wellness program offered through Eastern Kentucky University is not intended to treat, diagnose, or replace physician involvement, but rather to create and promote an atmosphere of healthy living and learning through the implementation of wellness initiatives. For more information, please call 859-622-8874. **All fields below are required.**

Licensed Medical Professional Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Licensed Medical Professional Signature: \_\_\_\_\_

Total Cholesterol		mg/dL
HDL Cholesterol		mg/dL
LDL Cholesterol		mg/dL
Triglycerides		mg/dL
Glucose		mg/dL
Systolic Blood Pressure (rest)		mmHg
Diastolic Blood Pressure (rest)		mmHg
Height		in
Weight		lbs
Waist Circumference		in
Fasting	Yes	No

