



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

EMPLOYEE: Please use this form to obtain your lab and screening tests 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.** (This form is **NOT** required if your biometric screening is completed at a BluMine Health Care Center.)

Employee Name: _____ Employer: Eastern Kentucky University
 Employee Date of Birth: _____ Employee ID: _____
 Today's Date: _____

PLEASE NOTE:

- You may submit biometric screening tests completed by your health care provider on or after January 1, 2021.
- Results must be written on this form and your health care provider information must be completed below.
- This form must be completed and provided back to BluMineWellness@BluMineHealth.com no later than 11/30/2021 to receive credit in the 2021 wellness year.

****This form requires a Physician's signature to receive credit****

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

Submit your form to secure e-mail:
BluMineWellness@BluMineHealth.com