

## **Biometric Screening Health Form**



RWJBarnabas Health employees and covered spouses: Visit your doctor's office between 12/1/20 and 11/30/21. Complete your annual blood work and submit the Biometric Screening form.

**Submit Your Form:** After completing the form, visit <u>bhealthy.medprowellness.com</u> and upload the documents into the portal or fax your completed form to **833-283-7493**.

**To Upload Your Form:** Scan or take a photo of your completed form > Access your BHealthy Portal > View My Points > View My Incentives Programs > View Programs > Biometric Screening > Select "+" > Upload File. Contact <u>BHealthy@avidonhealth.com</u> with any questions.

Please note, rewards will be displayed within 10 business days of receiving your information under the "View My Points" tile. It is highly suggested that you upload or fax the completed form yourself to ensure results are submitted on time. BHealthy will not be responsible for late entrees submitted after the November 30<sup>th</sup> deadline.

## PATIENT INFORMATION

Full Name:	Date of Birth:
Phone Number:	Email (optional):
Status: RWJBH Employee 🗆 RWJBH	l Employee Spouse 🗆 Spouse (Non-RWJBH Employee) 🗌
Height: ft in. V	Weight:Ibs. Gender: Male 🗆 Female 🗆
Fasted for at least 9 hours? Yes $\Box$	No 🗆
Waist Circumference:	HDL:
BMI:	LDL:
Blood Pressure:	Non-HDL:
Total Cholesterol:	TC/HDL Ratio:
Glucose:	Triglycerides:
Name of Healthcare Provider	Healthcare Provider Phone
Date of Screening (mm/dd/yyyy)	Name of Testing Organization or Facility (if applicable) If this screening was performed outside of the medical office, please provide the name of the organization or provider (I.e., health fair, community outreach event, onsite biometric screening, etc.)
Your privacy is important to us. The collection of your health scre the Health Insurance Portability and Accountability Act (HIPAA).	eening data and medical information will remain confidential and protected as required by law under ).



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