



BONUS PROGRAM

PHYSICIANS OPTION FORM

**PLEASE UPLOAD FORM TO YOUR
EMPLOYEE WELLNESS ACCOUNT**

Please have your provider complete this form to report the values of your biometric screening (blood pressure,, height, weight, BMI, fasting glucose and lipid Panel [total cholesterol, HDL cholesterol]).

PARTICIPANT INFORMATION

Name (please print):	Birthdate:	Email Address:	Today's Date:
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<input type="checkbox"/> I am a spouse of a Weber State Employee	Employee Name (Please Print):
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HEALTH GUIDELINES

No tobacco or nicotine use of any kind	BMI: <25 OR BF ≤ 22% for men	BMI: <25 OR BF ≤ 32% for women
Fasting total cholesterol: ≤200	Fasting blood glucose: ≤100	HDL cholesterol: ≥45
		Blood Pressure: ≤120/80

BIOMETRIC RESULTS-This section to be completed by a medical provider

Height	Weight	BMI	Total Cholesterol	HDL	Blood Glucose	Blood Pressure

PHYSICIAN NOTES: **Must be completed!**

Tobacco/Nicotine	BMI/ Body Fat	Fasting Cholesterol	HDL Cholesterol	Fasting Glucose	Blood Pressure
<input type="checkbox"/> Not using <input type="checkbox"/> Medication	<input type="checkbox"/> Meets guidelines <input type="checkbox"/> Medication <input type="checkbox"/> Lifestyle Change <input type="checkbox"/> Ranges are considered normal	<input type="checkbox"/> Meets guidelines <input type="checkbox"/> Medication <input type="checkbox"/> Lifestyle Change <input type="checkbox"/> Ranges are considered normal	<input type="checkbox"/> Meets guidelines <input type="checkbox"/> Medication <input type="checkbox"/> Lifestyle Change <input type="checkbox"/> Ranges are considered normal	<input type="checkbox"/> Meets guidelines <input type="checkbox"/> Medication <input type="checkbox"/> Lifestyle Change <input type="checkbox"/> Ranges are considered normal	<input type="checkbox"/> Meets guidelines <input type="checkbox"/> Medication <input type="checkbox"/> Lifestyle Change <input type="checkbox"/> Ranges are considered normal

Additional Comments:

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PHYSICIAN'S INFORMATION

Physician's Name:	Physician's Signature:	Date:
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Consent information: This information, along with any personal health information provided in completing the health assessment, is maintained in a secure area within the Employee Wellness Office to be used only in conjunction with the Wellness Program and for calculating this incentive. It is not shared with your supervisor or Weber State University's Human Resources Department. Employee Wellness will only notify the Payroll Office that the requirements have been met to receive the Bonus. By submitting this form, I hereby consent to use my biometric screening information for the purposes specified above, and grant any wellness program employee permission to contact me regarding my results. You may revoke your authorization of the Employee Wellness Office to use this information at any time by notifying wellness@weber.edu. This consent will remain valid until so notified.

Office use only!	Date Received	Date Recorded	Recorder Initials	Met _____ out of 6 criteria
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Weber State University Wellness Pays Bonus Program Informed Consent

Purpose

The primary purpose of the Wellness Pays Bonus program is to identify individual health risks based on the responses to the Wellsource PWP questionnaire and the results of a blood lipid evaluation.

By signing this form, I desire to participate in this program and willingly give my consent for evaluation of my present level of health. I further permit these health tests I've opted to take, that may include one or all of the following: blood, body composition, and other screening tests. I accept the responsibility of taking any appropriate actions indicated as a result of health problems or high-risk indicators identified during testing. I understand that my participation is voluntary, and that I may withdraw or discontinue my participation at any time without penalty or prejudice. I further release Weber State University and the Department of Human Resources from problems that may occur as a result of my participation.

Limitations

The Cholestech LDX blood lipid profile machine will measure my blood lipids and glucose. This device, while not guaranteed to have 100% accuracy, has meet the precision and accuracy guidelines set by the National Cholesterol Education Program.

I understand that the Employee Wellness staff and interns are not medical physicians and do not dispense medical advice, nor diagnose or treat any medical condition.

Benefits to be expected

Participation in a wellness program has been associated with beneficial changes in health, fitness, nutrition, attitude, and safety including increases in muscular strength, muscular endurance, cardio-respiratory endurance, and improvements in body composition.

Confidentiality

Data is generated electronically by use of a computer. Access is limited to the wellness program staff that has the duty of processing the records. Any paper documents submitted to Employee Wellness will be destroyed after use.

Contact Persons

Questions related to the Wellness program or about accommodations may be directed to Raeanna Johnson, Employee Wellness and Benefits Manager, ext. 6480.

- I certify that I am not a tobacco user, and do no use tobacco in any manner including smoking, vaping, and chewing.
- I would like to be notified of health improvement programs if the results from my assessment indicated that I may be at increased risk for developing future health problems.

I understand that by signing my name below, I have given my consent and release as described above.

Participant Printed Name

Signature

W#

Date

Office Witness Signature

Date