



# Bonus Program Physician Option Form

## Weber State University Employee Wellness Division of Human Resources

3992 Central Campus Dr.  
Ogden, Utah 84408-3501  
Phone: 801-626-6480  
E-mail: [wellness@weber.edu](mailto:wellness@weber.edu)

**Please return form to:**  
Wildcat Center (WI) Room #210F  
MC: 3501  
Fax: 801-626-6685



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:	Weber State Email Address:	Today's Date:
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<input type="checkbox"/> I am a spouse of a Weber State Employee	Employee Name:
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### BIOMETRIC RESULTS-This section to be completed by a medical provider

Height	Weight	BMI	Total Cholesterol	HDL	Blood Glucose	Blood Pressure
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### HEALTH GUIDELINES FOR 2016

BMI: <25 OR BF ≤ 22% for men Fasting total cholesterol: ≤200 Fasting blood glucose: ≤100 No tobacco or nicotine use of any kind	BMI: <25 OR BF ≤ 32% for women HDL cholesterol: ≥45 Blood Pressure: ≤120/80
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### HEALTH PLAN- If the participant did not meet the above qualifications, please select a plan of action.

BMI/ Body Fat	Fasting Cholesterol	HDL Cholesterol	Fasting Glucose	Blood Pressure	Tobacco/Nicotine
<input type="checkbox"/> Medication	<input type="checkbox"/> Medication	<input type="checkbox"/> Medication	<input type="checkbox"/> Medication	<input type="checkbox"/> Medication	<input type="checkbox"/> Medication
<input type="checkbox"/> Lifestyle Change	<input type="checkbox"/> Lifestyle Change	<input type="checkbox"/> Lifestyle Change	<input type="checkbox"/> Lifestyle Change	<input type="checkbox"/> Lifestyle Change	
<input type="checkbox"/> Ranges are considered normal	<input type="checkbox"/> Ranges are considered normal	<input type="checkbox"/> Ranges are considered normal	<input type="checkbox"/> Ranges are considered normal	<input type="checkbox"/> Ranges are considered normal	

### OPTIONAL PHYSICIAN NOTES:

### 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](mailto: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 Saves Informed Consent**

## **Purpose**

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

I desire to participate in this program and willingly give my consent for evaluation of my present level of health. I further give permission for those 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 any health problems that may occur as a result of my participation.

## **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, endurance, cardio-respiratory endurance and improvements in body composition.

## **Confidentiality**

All records collected will remain in the Employee Wellness office in a locked file cabinet. Access to the records is limited to the staff of the Wellness program that has the duty of processing the records.

Data is generated electronically by use of a computer. Access to the electronic records is limited to the staff of the Wellness program that has the duty of processing the records.

## **Contact Persons**

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

- I permit the Wellness staff to submit portions of my test results to Healthy Utah as a way to qualify for Healthy Utah's "First Steps" rebate. All information will be submitted in a HIPAA compliant manner.
- I certify that I am not a tobacco user, and do not use tobacco in any manner including smoking and chewing.

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

\_\_\_\_\_  
Participant's signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date