Instructions for Receiving Your Health Screening
With Your Personal Physician

Employees have the option to visit their personal physician if they cannot attend the onsite Villanova health screenings.

We are pleased that you are participating in the health screenings this year. Participation in the health screening is confidential. Please review these instructions to ensure that your information is complete and submitted to the correct location.

See Your Primary Care Physician

1. Call your physician to schedule an appointment for your screening OR if you already have lab results from your physician visit dated between June 1, 2012 and February 28, 2013, you may ask your physician to submit those results.

2. Fill out the top portion of the Data Form provided with this package and bring it to the screening.

3. Leave the Data Form on page two with your doctor. It will be filled out and faxed directly to Wellness Corporate Solutions to ensure confidentiality.

4. If you are interested in earning a $300 incentive towards 2013-2014 medical premiums (defined as completion of the health screening and personal health assessment), view the instructions for completing the Personal Health Assessment on page 3.

Please stress to the clinic/doctor to send the completed Data Forms to Wellness Corporate Solutions no later than February 28, 2013.

Fax completed Data Forms to:

Wellness Corporate Solutions
Secure Fax: (888) 677-3457
Phone: 877-469-5411

If you have any questions please contact Wellness Corporate Solutions, 877-469-5411.
DATA FORM FOR HEALTH SCREENING WITH YOUR PERSONAL PHYSICIAN

Consent and Release: In consideration of my voluntary participation in this biometric health screening which requires at a minimum, a finger-stick Cholesterol/Glucose Screening, I understand and agree to the following: While under no obligation, participation in this program may include taking personal medical history and health information, or referring me to a doctor or other provider for medical care. A risk assessment is not a guarantee of good health, and participation in this program cannot substitute for consultation with a physician for any medical or health-related condition, or for a regular physical exam. I hereby indemnify the host and sponsor of this program and Wellness Corporate Solutions (WCS), their employees, agents, and representatives from any claims, losses, liability of any kind, or damages, including but not limited to illness or personal injury arising in any way from my voluntary participation in this program. All medical information obtained through my participation in this program will be kept confidential and will be used for data collection and reporting in aggregate format. I understand and agree that my screening information will be shared with the screening company WCS.

Name ____________________________________ Signed ___________________________________ Date__________________

TO BE COMPLETED BY PATIENT    Please print information

Patient Name: _____________________________________________________ Gender: F _____ M _____

Home Address: ______________________________________________________________________________________
(Street)     (City)   (State)  (Zip)

Date of Birth: _____/_____/_______   Email: _____________________________________________   Phone: ____-____-____
       MM       DD        YYYY

Last four digits of patient/associate Social Security Number ____________

TO BE COMPLETED BY PHYSICIAN    Date of Visit ________________________

Fasting:  ☐ Yes  ☐ No

Height (without shoes) _______ inches     Weight (without shoes) _______ pounds

BMI: _______     Waist: _______ inches     Hip: _______ inches     Waist/Hip Ratio: _______

Blood Pressure: _______ / _______     2nd Reading Blood Pressure: _______ / _______

Lipid Profile

Total Cholesterol: _____________     HDL: _____________     LDL: _____________     TRIG: _____________

Chol/HDL Ratio: _____________     Blood Sugar: _____________

Clinics/Doctors should fax completed Data Forms by February 28, 2013 to:

Wellness Corporate Solutions
Secure Fax: (888) 677-3457
Phone: 877-469-5411

NOVAfit!
Instructions to Complete the Personal Health Assessment

Purpose: Employees should use these instructions to complete their Personal Health Assessment when they do not need to utilize a health screening appointment (i.e., using the primary care physician form, walk-in at a screening appointment).

1. Log into the NOVAfit! Wellness Portal: Accessible via the “Quick Links” section of the Human Resources website.
2. Go to the Schedule Your Appointment: Take Your Personal Health Assessment page, accessible from the “What Do You Want To Do?” action center on the right side of the screen.
3. Choose “No Screening/Offsite Voucher” option
4. Take the personal health assessment.

Questions? Contact villanovauniversity@livehealthier.com

Note: In order to earn the $300 incentive towards 2012 medical premiums, you must complete both the health screening (onsite or by visiting your primary care physician) and online personal health assessment. Participation in the health screening and online personal health assessment is voluntary.