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, 2011 and March 23, 2012, 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 2012 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 March 23, 2012.

Fax completed Data Forms to:

Wellness Corporate Solutions
Secure Fax: (888) 677-3457
Phone: 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 March 23, 2012 to:

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

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. Register for a health screening appointment.
4. Take the personal health assessment. You will be brought to this page upon completion of the personal health assessment:

5. Cancel the health screening appointment by clicking on Reschedule; this will bring you back to the initial Schedule Your Appointment page where you will be able to view your appointment details. Click Cancel, and then click OK.

Keep in mind: You will only be able to register against an available appointment. If you choose this option, do not wait until the week of March 19 or you run the risk of not being able to register for an appointment.

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.