Hoo's Well | UVa Health Plan | Choose Well, Feel Good

2017 Physician Screening Results

UVA cares about your good health.

We encourage you to know your numbers, understand your risk, and know how you can stay healthy.

If you cannot attend an on-Grounds Biometric Screening, you may elect to use lab results from your annual physical instead. Lab results provided up to one year prior to date of submission will be accepted and must be received by WellAdvantage by Oct. 27, 2017. Lab results must accompany this form.

Only fully completed forms will be accepted and final date of submission is by Oct. 27, 2017.

Complete this form **in full** and email, fax or postmark to:

- Email: hooswell@welladvantage.com
- Fax: 410.795.7788
- Phone: 1.800.658.5821
- Mail: Hoo's Well Physician Form, WellAdvantage
  7543 Main St., 2nd Floor, Sykesville, MD 21784

Participants will receive an email confirming receipt of their form. As the participant, you are responsible for following up if you do not receive this email. Save a copy of the form for your records. Labs sent without this form will not be accepted.

Employee Release:

I understand this program is part of UVA's voluntary wellness program and that participating in this program will allow the UVA Health Plan to review my qualifications for which the program may provide rewards. The biometric screening, together with a completed health assessment, is designed to provide feedback, to the UVA Health Plan and its health partners, which will help you evaluate your current lifestyle, identify health risks, identify programs for outreach and decide where and how to make improvements. It does not provide a diagnosis of medical problems. A follow-up visit with your primary care physician to confirm the results of the screening and obtain further medical help through UVA Health Plan and its partners is highly recommended.

I further understand that under the HIPAA privacy regulations, my health information and my family members health information created and maintained by the plan may be disclosed without our authorization to any licensed physician, dentist, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company, Medical Information Bureau, or other organization, institution or person as permitted by HIPAA for "treatment, payment and health care operations" purposes, including follow-up health-education, disease management, and improvement of the UVA Health Plan and its Hoo's Well program.

I have read and acknowledge the disclosure statement above. I certify that the listed and attached biometric values are correct.

All items with a * below must be completed for rewards eligibility. Please print clearly.

*Participant's Name: ______________________________	*Aetna ID: W__________________________________
*Date of Screening: ______________________________	*Date of Birth: __________________________________
*Email: ____	*Phone #: ________________________________
*Height:_______ *Weight (lbs): _________	*Employee: ____ Spouse: ____ Male: ___ Female: ____
*Blood Pressure: _________	≤ 120/80
*Waist Circumference: _________	≤ 35" for women, ≤ 40" for men
Body Mass Index: _________	Normal Weight = 18.5 – 24.9
*TC = Total Cholesterol: _________	< 200 mg/dL
*HDL = High Density (good) Cholesterol: _________	≥ 40 mg/dL
*LDL = Low Density (bad) Cholesterol: _________	< 130 mg/dL (< 100 is best)
*TRG = Triglycerides: _________	Fasting level should be < 150 mg/dL
*TC/HDL Ratio (calculated): _________	< 4.5
*GLU = Glucose: _________	Fasting level should be < 100 mg/dL
Physician Name: ______________________________	Physician Phone #: ______________________________

I have read and acknowledge the above disclosure statement. I certify that the list above and attached biometric values are correct.

Lab results provided up to one year prior to date of submission will be accepted and must be received by WellAdvantage by Oct. 27, 2017.

***Participant Signature:** ________________________________Date: _________________