

UAH Healthcare Provider Screening Form: Patient Information

Dear Faculty & Staff member:

Congratulations on taking steps toward improving or maintaining your health. Charger Fit Employee Wellness is designed to promote health and improve quality of life. The annual program includes a biometric screening. A biometric screening can help to determine the risk level for certain diseases and medical conditions. It consists of a blood draw to test your HDL, LDL, Triglycerides, Glucose, and other biometrics (BP, Height, Weight, BMI, and waist circumference). When you put all these measurements together, you can assess your risk for heart disease, stroke, and diabetes. These illnesses and health conditions can be prevented with early detection, which is why knowing your biometric numbers is so important.

We welcome your participation in the biometric screening at the Faculty & Staff Clinic (FSC) or coordinated with your health care provider. To complete the screening at the FSC, employees should call (256) 824-2100 to schedule an appointment. Screenings completed by the FSC will not require a co-pay and no insurance claim will be filed. The visit should only last approximately 15-30 minutes.

If you are interested in participating in the biometric screening with your health care provider, please complete the following steps:

1. Print this page and the accompanying two pages.
2. Schedule an appointment with your healthcare provider and take a copy of this form to your health care provider – complete Section 1 and having your health care provider complete Section 2.
3. Once the Biometric Screening Form has been completed by your health care provider, please mail or fax the forms to:

MAIL:

UAH Faculty and Staff Clinic
301 Sparkman Drive, WIL327
Huntsville, AL 35899

FAX:

UAH Faculty and Staff Clinic
(256) 824-4635

Remember the screenings are for regular, full-time UAH employees. Your medical information is confidential and will not be shared. Click [here](#) for the Notice of Privacy Practices for the Faculty & Staff Clinic. The deadline for participating is October 1, 2022. If you have questions or need additional information, please contact Human Resources at 256-824-2259.

SECTION 1: To Be Completed by Active Employee	PRINT CLEARLY WITH A BLACK PEN	DARKEN BOXES COMPLETELY <input type="checkbox"/> <<NotThis <input checked="" type="checkbox"/> <<This <input checked="" type="checkbox"/> <<NotThis
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Employee ID (A# number): <table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td> </tr> </table>											<input type="checkbox"/> Male <input type="checkbox"/> Female

Screen Date: <table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td> </tr> </table>											Birth Date: <table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td> </tr> </table>											Daytime Phone Number: <table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td> </tr> </table>										

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Screening not performed due to: Pregnancy

Have you used a tobacco product in the last 12 months? Yes No

<p>What best describes your race/ethnicity?</p> <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Other <input type="checkbox"/> Black / African American <input type="checkbox"/> Native American / Alaska Native <input type="checkbox"/> Native Hawaiian / Pacific Islander	<p>Do you have (or have you been told you had) any of the following?</p> <input type="checkbox"/> High Cholesterol <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Diabetes <p>Do you take any medication for any of the following?</p> <input type="checkbox"/> High Cholesterol <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Diabetes
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This screening is done for the UAH Charger Fit Wellness Program purposes. In order for this screening to apply to the wellness program incentive, all screening data will be sent to Gilsbar; otherwise, your health information is kept completely confidential and will not be shared with other UAH departments or entities.

Employee Signature: _____

<p>SECTION 2: (To Be Completed by Provider)</p> <p>Blood Pressure: <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> / <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table></p> <p>Total Cholesterol: <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> mg/dl</p> <p>HDL Cholesterol: <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> mg/dl</p> <p>LDL Cholesterol: <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> mg/dl</p> <p>Triglycerides <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> mg/dl</p>	<p>Blood Glucose: <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> mg/dl</p> <p>Height: <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> ft <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> in</p> <p>Weight: <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> lbs</p> <p>Waist: <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> . <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> in</p> <p>BMI: <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> . <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table></p>
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Healthcare Provider Name (Please Print)	Healthcare Provider Signature
Healthcare Provider Type (Please Print)	Healthcare Provider Address & Phone Number (Please Print)

Please FAX or mail to:
 UAH Faculty & Staff Clinic
 301 Sparkman Dr. WIL327
 Huntsville, AL 35899
 Fax: 256-824-4635

UAH Healthcare Provider Screening Form: Provider Information

Section 2:

- Please completely capture all requested data and record it in the fields provided. While all the data is highly useful, the UAH wellness screening requirement will not be completed unless all of the data in section 2 is recorded.

Signature Block:

- Please completely fill out all requested fields in order for the UAH wellness screening requirement to be complete.
- Please mail or fax the completed form to the UAH Faculty and Staff Clinic at the address or fax number below:

UAH Faculty and Staff Clinic
301 Sparkman Dr. WIL327
Huntsville, AL 35899
Fax: (256)824-4635
Phone: (256)824-2100

