



Wisconsin Laborers' Health Fund Get Healthy Screening Form

2018

Section I: Patient Information

First Name Date of Birth

Last Name Male Female

Phone Number Last Four SSN

Email

Section II: To Be Completed By Physician - Exam Labs must be completed between 12/1/2017 to 11/30/2018

Date of Exam

Date of Lab Collection Fasting Yes No

			Blood Pressure		
Height in Inches	Weight in Pounds		Systolic	Diastolic	Glucose
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Cholesterol	HDL	Triglycerides	LDL	Cholesterol Ratio	A1C if indicated
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Physician's Name (First and Last)

Physician's Phone Number

Physician's or LIP Signature

Date

ALL INFORMATION IS REQUIRED. Please review and submit completed form to:

Mail: HMC HealthWorks, Attn: Medical Form Department, 140 Intracoastal Pointe Dr. Suite 301, Jupiter, FL 33477
Fax: 561.743.0211 (Cover sheet not required. Please fax only one person at a time.)
Email: biometrics@hmccebs.faxlogic.com