

Wisconsin Laborers' Health Fund Get Healthy Screening Form

2019

Section I: Patient Information

First Name	<input type="text"/>	Date of Birth	<input type="text"/>
Last Name	<input type="text"/>	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Phone Number	<input type="text"/>	Last Four SSN	<input type="text"/>
Email	<input type="text"/>		

Section II: To Be Completed By Physician - Exam Labs must be completed between 12/1/2018 to 11/30/2019

Date of Exam	<input type="text"/>		
Date of Lab Collection	<input type="text"/>	Fasting	<input type="checkbox"/> Yes <input type="checkbox"/> 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
<input type="text"/>	<input type="text"/>

Physician's or LIP Signature	Date
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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