

## Guide to Offsite Forms – 5 Easy Steps

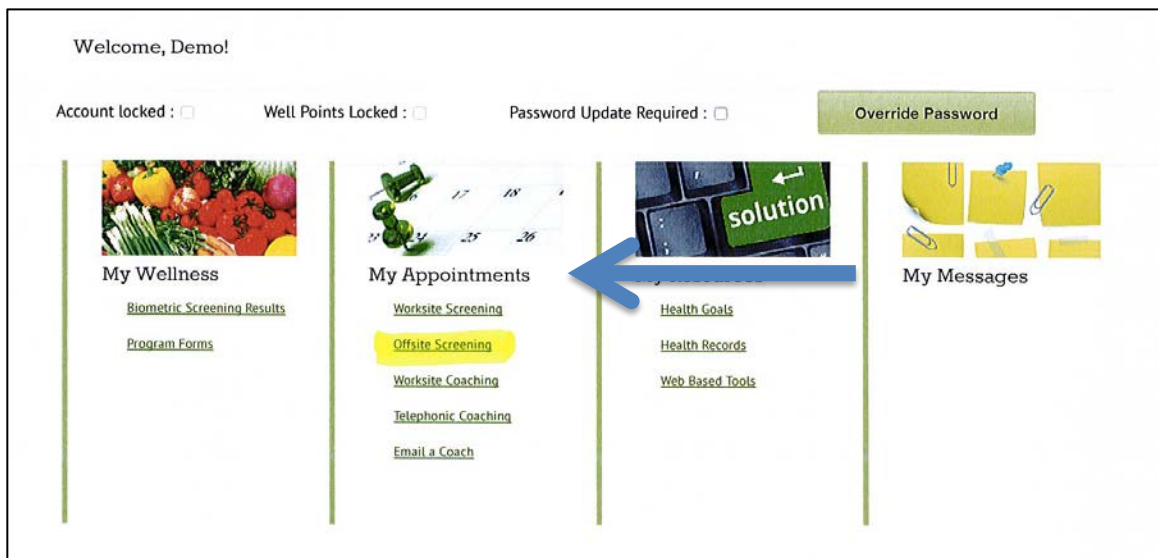
### 1. Log into your HealthWorks account at [www.cincyhealthworks.com](http://www.cincyhealthworks.com)

- Click on the green **PORTAL LOGIN** tab at the top of the home page
- Enter your username (see below)

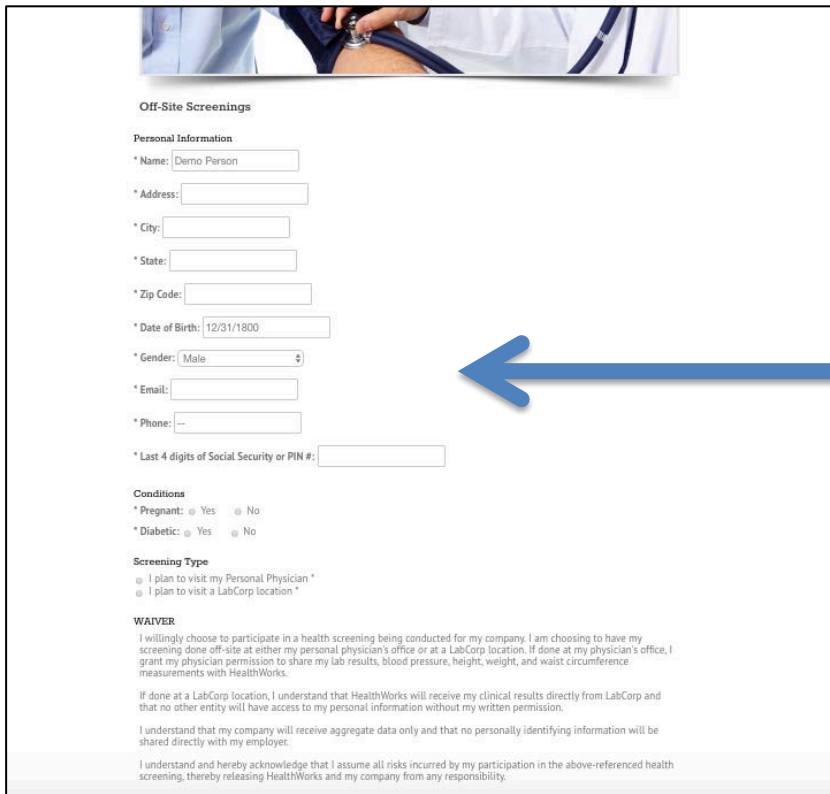
Your Username Is:  
**The first 9 digits of your UD ID #**

- Enter the temporary password: HEALTHSCREEN (all caps).
- You will be prompted to create your own password before continuing (*NOTE: if you have already logged into the portal this year, use the password you created*)

### 2. Click On “Offsite Screening”



### 3. Fill In Required Information



**Off-Site Screenings**

**Personal Information**

\* Name:

\* Address:

\* City:

\* State:

\* Zip Code:

\* Date of Birth:

\* Gender:

\* Email:

\* Phone:

\* Last 4 digits of Social Security or PIN #:

**Conditions**

\* Pregnant:  Yes  No

\* Diabetic:  Yes  No

**Screening Type**

I plan to visit my Personal Physician \*

I plan to visit a LabCorp location \*

**WAIVER**

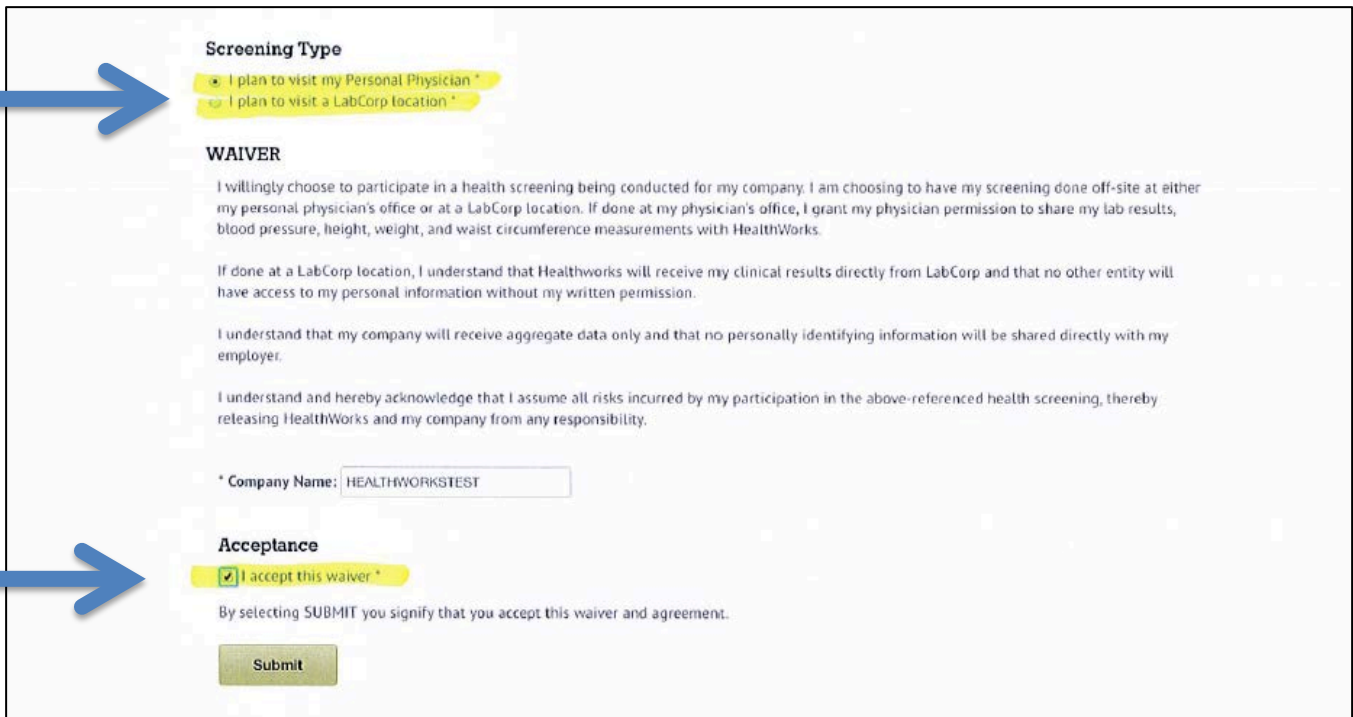
I willingly choose to participate in a health screening being conducted for my company. I am choosing to have my screening done off-site at either my personal physician's office or at a LabCorp location. If done at my physician's office, I grant my physician permission to share my lab results, blood pressure, height, weight, and waist circumference measurements with HealthWorks.

If done at a LabCorp location, I understand that HealthWorks will receive my clinical results directly from LabCorp and that no other entity will have access to my personal information without my written permission.

I understand that my company will receive aggregate data only and that no personally identifying information will be shared directly with my employer.

I understand and hereby acknowledge that I assume all risks incurred by my participation in the above-referenced health screening, thereby releasing HealthWorks and my company from any responsibility.

### 4. Select screening type, accept the waiver, and click submit



**Screening Type**

I plan to visit my Personal Physician \*

I plan to visit a LabCorp location \*

**WAIVER**

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\* Company Name:

**Acceptance**

I accept this waiver \*

By selecting SUBMIT you signify that you accept this waiver and agreement.

## 5. Click on the appropriate link to download paperwork

Get Well, Stay Well  
Worksite Wellness Programs



### Offsite Screening Forms

[Going to LabCorp? Click here for forms.pdf](#)

[Going to Your Physician Click here for forms.pdf](#)

