

I, \_\_\_\_\_ (*print name*), willingly choose to participate in a health risk screen being conducted at my company. I give a third party permission to draw my blood for the sole purpose of obtaining information about my personal health. I understand no other entity except HealthWorks will have access to my personal information without my written permission. I also understand that my company may receive aggregate data with absolutely no personal identifying information for the purpose of assisting them in future health and wellness programs.

I understand that by ordering an additional blood test, I will receive a receipt from HealthWorks indicating the test name(s), diagnosis code(s), amount paid, and the date of service. I can submit this receipt to my insurance company or flexible spending account, however, HealthWorks does not guarantee reimbursement. In addition, should my form of payment be rejected, I agree to supply an additional form of payment to cover charges in full. In addition, I understand and hereby acknowledge that I assume all risks incurred by my participation in the above referenced health screening; thereby releasing HealthWorks and said company any further responsibility.

**Company Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Your Home Address (Street, City, State, Zip)**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_ **UD ID#** \_\_\_\_\_

**Valid Email Address** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Are you covered by your company's Insurance Plan?** Yes  No

**If "NO," your Anthem or Humana Insurance ID#:** \_\_\_\_\_

<b>Gender</b>	M ____ F ____
BP ( <i>systolic</i> )	
BP ( <i>diastolic</i> )	
<b>Fasting?</b>	Yes ____ No ____
<b>Diabetic?</b>	Yes ____ No ____
Height ( <i>inches</i> )	
Weight	
Waist	
<b>Pregnant?</b>	Yes ____ No ____

**Blood Pressure Alert:**

I understand that my blood pressure reading is in a high-risk range:  $\geq 140/90$ . A HealthWorks representative has reviewed my blood pressure reading with me and I have been advised to contact my personal physician to discuss my results.

\_\_\_\_\_  
*Signature*

I have reviewed my tubes & lab requisition form & acknowledge that the information is correct:  
**Please initial here:** \_\_\_\_\_