



NATIONWIDE CHILDREN'S

When your child needs a hospital, everything matters.™

Physician Biometric Screening Results Form

Submit values dated April 1, 2014 or after.

Screening Date: _____ Date of birth: _____ Age: _____ Gender (M or F): _____

First Name: _____ Last Name: _____ Phone: _____

Employee ID # _____ NCH spouse? SSN needed _____

Email: _____ If NCH spouse, employee name needed _____

Health care provider name _____

Do you smoke or use tobacco products? YES NO

We will accept this form from clinics, pharmacies and physician offices. You will receive a letter from Employee Wellness by email when we receive your results. Keep the letter for your records to document that we received your screening.

Submit forms by February 27, 2015

Deliver this form to Employee Wellness or Email: employee wellness@nationwidechildrens.org or

Fax: (614) 355-4109

BIOMETRIC RESULTS

Height: _____
Feet Inches

Weight: _____

Total Cholesterol*

LDL

Cholesterol/HDL
Ratio

Blood Pressure: _____ / _____

Metabolic Syndrome Measures	Your Levels	Optimal Levels
Blood Pressure		Both numbers less than 130/85
HDL (Good "Healthy" Fat)	mg/dl	Female: 50 or above Male: 40 or above
Triglycerides	mg/dl	Below 150
Waist	"	Female: below 35" Male: below 40"
Glucose	mg/dl	Fasting: 60 to 100 Nonfasting: < 140
A1C	%	Below 5.7%

Documentation: _____

If 3 out of 5 metabolic syndrome measures are out of range, employee needs an HgA1C screen.

Number of Risk Factors

/ 5

*If you are pregnant you are exempt from biometric screening. You must contact Employee Wellness for exemption. If you are nursing, your cholesterol results may be affected. Please inform health care personnel.

Provider Signature
