

BNY Mellon Physician Form Instructions

Step 1:

Make your appointment with your personal physician for a Fasting Lipid Profile and blood glucose screening. During your visit, ask the physician's office to record your height, weight, blood pressure and pulse.

Step 2:

Read page 2 and complete page 3 in its entirety. BOTH participant and physician must sign the form. Forms will NOT be accepted without both parties' signatures.

Step 3:

Send your results to Summit Health. Have your physician office fax results to DIG (Data Integrity Group) at 248.864.4409.

Step 4:

You may want to keep a copy of the confirmation receipt produced by the fax machine for your records.

Special note to spouses or domestic partners of employees: You may leave the Employee ID field blank on your completed form. Please be sure to complete all other areas under Section 1, Participant Information.

Screening and Informed Consent/Authorization Release Form

1. I agree to participate voluntarily in this health screening activity coordinated by Summit Health and BNY Mellon. The health screening includes:
 - Blood Pressure/Pulse
 - Blood test to include:
 - Fasting Lipid Panel
 - Glucose values
2. I understand it is my responsibility to 1) direct questions regarding testing to those administering the tests and 2) follow-up with my physician to discuss the results of these tests when so advised.
3. I understand that any information collected as part of this health screening will be treated as confidential. Individual health information will not be shared with my employer.
4. I authorize my physician to perform the above listed tests and release information regarding these tests to Summit Health. The results can be sent directly to DIG (Data Integrity Group) at Summit Health. Contact information is listed on the first page.
5. I hereby consent and authorize Summit Health to release and share my test results and reports to WebMD Health Services Group, Inc. (“WebMD”), and I agree that the WebMD Privacy Policy that I accepted, or shall accept, upon my registration, describes how WebMD will use my health information.

By signing and dating page 3, I agree to the terms outlined above.

BNY Mellon Biometric Screening Form

INSTRUCTIONS

- PARTICIPANT - complete section 1
- HEALTH CARE PROVIDER - complete section 2

SECTION 1 - PARTICIPANT INFORMATION

Participant's Date of Birth (MM/DD/YYYY) / / Employee ID# Gender M F

Participant's First Name MI Participant's Last Name

Address Unit/Apt

City State Zip Code

Phone Number - -

Participant's Signature: _____ Date: (Month) (Day) (Year)

SECTION 2 - BODY MEASUREMENTS / BIOMETRICS RESULTS - for physician or office staff use only below this line

FOR HEALTH CARE PROVIDER: For BNY Mellon, the company is offering a voluntary wellness program to encourage participants to understand their health risk.

Height <input type="text"/> ft <input type="text"/> in	Weight <input type="text"/> lbs	Glucose Fasting or Non-Fasting (circle one) <input type="text"/>	Blood Pressure <input type="text"/> Systolic <input type="text"/> Diastolic
Cholesterol Fasting or Non-Fasting (circle one) HDL: <input type="text"/> TRI: <input type="text"/> LDL: <input type="text"/> Total: <input type="text"/>		<input type="checkbox"/> I certify the listed biometric values are correct Date of Service/Test: _____	

Facility Name: _____

Health Care Provider's Name: _____

Phone Number: _____

Signature: _____ Date: _____

Please fax completed form to Summit Health at
(248) 864-4409

Date Faxed: _____