

Sunday, March 13th
Walmart / CIA Health Screening

Print and bring 3 things with you:

1. This form
2. A timesheet (page 2 of this form)
3. Letter of authorization

Arrive no later than 11:30 AM

Wear dark blue scrubs, closed-toe shoes, white lab coat, no jewelry.

Check in with customer service desk and give the Letter of Authorization Form.

Pick up supplies from Pharmacy. Call 855-944-7102 or 855-944-7101 if there are any issues.

12 PM to 1:30 PM : Set up in break room to screen Associates and Families

- Clean fingers with alcohol wipe and wipe dry with gauze
- Prick finger, drop lancet into sharps container, wipe first drop of blood with gauze
- Hold meter horizontally, touch to drop of blood
- Record results on the consent form *and* results form
- If you run out of testing strips, continue with blood pressure only.
- Take Blood Pressure, record results on the consent form and results form
- DO NOT SAY ANY RESULTS OUT LOUD. Point only.
- If BP results are over than 140/90, you should retest. Same thing with high glucose numbers. Keep notes of who knows they have high blood pressure/glucose. Suggest that they contact their physician.

1:30 PM to 2 PM : Pack up room and set up on the floor

2 PM to 4 PM : Public Screening.

4 PM to 4:30 PM : Pack up supplies, return to pharmacy

Count total screenings performed by counting your consent forms

Call 813-995-7689 before leaving. This is automated, so leave a message:

Store #, Number of participants, number of glucose tests, number of glucose tests over 300mg/dl, number of participants who knew their glucose was out of range, number of blood pressure tests, number of blood pressure tests over 140/90, number of participants who knew they had high blood pressure, number of participants referred to the pharmacy.

Package everything back up and give to pharmacy. Ask them to fax in the reports. Trash is tossed in the garbage outside, sharps container should be taken with you, leave tablecloth with pharmacy.

If you want to send in photos of you for our facebook or website, text to: 408-357-4532

Phlebotek: 224-400-6051

Timesheet for 2016 Walmart Health Screening Sunday March 13, 2016

Name: _____

Home Address : _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Are you already enrolled in Direct Deposit? Y / N

Assignment Information

Store Number:

Store Location:

What time did you arrive at the screening? _____ am / pm

What time did leave the screening? _____ pm

Did you take the Sharps Container with you? Y / N

Number of patients you screened? _____

Where did you leave the box of specimens? _____

Did you call in your screening numbers to 813-995-7689? Y / N

Additional Notes:

This timesheet must be completed clearly in its entirety. Any missing information could result in a delay of payment. Send the file as an attachment to: accounting@phlebotek.com. If you have to print, you can fax to: 224-400-6055 or 888-316-3122. Clear photo messages can be texted to: 765-374-5323 If you have any questions, please call 224-400-6051 x 4.