



# BIOMETRIC SCREENING FORM

(to be completed by your Primary Care Provider, either your Physician, Physician Assistant or your Nurse Practitioner)

**To ENSURE credit, FAX completed form by 9/23/24 to:  
Valley Health Wellness Services: 540-536-3045**

**TO PARTICIPANT:** If you are unable to participate in an onsite Biometric Screening for the Healthy U program, then you have the option to obtain your screening from your health care provider (MD, NP or PA) to satisfy the biometric component of your Healthy U requirements. We must receive values for the test parameters listed at the bottom of this page in order to complete your screening. Please complete the following contact information and follow the directions provided below. All programs are confidential and HIPAA compliant. **Questions? Call 540-536-3050.**

Valley Health PARTICIPANT NAME: \_\_\_\_\_ EMPLOYEE ID#: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PHONE #: \_\_\_\_\_

- You may submit a screening test completed by your health care provider on or after 10/1/2023.
- Results must be written on this form and your health care provider information must be completed below.
- Your Physician, Physician Assistant or your Nurse Practitioner may complete this form.

**TO PROVIDER:** The employee wellness program offered through Valley Health is not intended to treat, diagnose or replace physician involvement, but rather to create and promote an atmosphere of healthy living and learning through the implementation of wellness initiatives.

PROVIDER NAME / CLINIC: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

PROVIDER SIGNATURE: \_\_\_\_\_

PROVIDER LICENSE TYPE/NUMBER: \_\_\_\_\_

Screening Date: \_\_\_\_\_

Test Parameter	Value	Units
Systolic Blood Pressure (rest)		mm/Hg
Diastolic Blood Pressure (rest)		mm/Hg
Height		Inches
Weight		lbs.
Waist Circumference		Inches