

### Confidential Health Screening Results

**Employee Information: To receive credit, please fill in all data and print clearly.**

Legal Name \_\_\_\_\_ Are you pregnant or nursing? Yes or No  
 Age \_\_\_\_\_ Gender \_\_\_\_\_ Have you been told by a physician that you have any of the following?  
 Today's Date \_\_\_\_\_ High Blood Pressure High Cholesterol Diabetes  
 Location \_\_\_\_\_ Do you take medication for any of the following?  
 High Blood Pressure High Cholesterol Diabetes

*I understand that this health screening is not a substitute for a thorough examination by and consultation with my physician. I should not use the results of this health screening as a substitute for seeking further information, diagnosis or treatment from my physician or other qualified health care provider.*

Are you fasting today? Yes or No  
 (Fasting means nothing to eat or drink, except water, black coffee or tea, in the last 10 – 12 hours prior to test.)

Cholesterol	Results	Desirable	Borderline	At Risk	Comments
Total		<200	200-239	≥240	
HDL		≥60	40-59	<40	
LDL		<100	100-129	≥130	
Triglycerides		< 150	150-199	≥200	
Total Cholesterol/ HDL Ratio		<4.5	4.6 to 5.9	>6.0	

Fasting Glucose _____		Blood Glucose		Non-Fasting Glucose _____	
< 100	Normal	<u>Comments</u>		Normal	< 140
100 – 125	Pre-diabetes			Pre-diabetes	140 – 199
≥ 126	Elevated			Elevated	≥ 200

Blood Pressure _____ / _____ (systolic / diastolic)				Pulse Rate _____	
Systolic		Diastolic	Category	<u>Comments</u>	
< 120	and	< 80	Normal		
120 – 139	or	80 – 89	Pre-Hypertension		
140 – 159	or	90 – 99	Stage 1 Hypertension		
≥ 160	or	≥ 100	Stage 2 Hypertension		

Body Composition Analysis				
Height _____	Weight _____	Basal Metabolic Rate _____	Waist _____	
Category	Results	Range	<u>Comments</u>	
Fat %				
TBW% (Total Body Water)		50% - 70%		
Visceral Fat Rating		Less than 13		
BMI (Body Mass Index)		Desirable <24.9 Overweight 25-29 Obese >30		

Tobacco Analysis			
Cotinine Levels			
Type of Exposure	Results	Range	<u>Comments</u>
Second-Hand Smoke		<15 ng/mL	
Light Smoker		15-100 ng/mL	
Regular Smoker		>100 ng/mL	

If you are having the test administered in your PCP's office, please have the provider fax the form to 205-588-8523 or email to: [support@creativebenefitsolutions.org](mailto:support@creativebenefitsolutions.org)

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Participant Signature

Health Coach / PCP Signature