

2019 Alternate Biometric Health Screening



This form is needed ONLY for your biometric health screening or colon kit results if done through your physician's office.

This form is **NOT** needed for your PCP **wellness visit**, which will go through the UMR claims process.

Your Name (please print): _____ Birth date: ____/____/____

Your Email: _____ Phone: ____/____/____

Are you the subscriber for Miami's health plan (health premium is deducted from your pay)?

YES. Enter your MU uniqueID: _____

(This is your Miami uniqueID, ex. employjn)

NO. Enter your MU uniqueID: _____

(This is your spouse's MU uniqueID followed by "_sps", for example, employjn_SPS)

Your MU uniqueID can be found in your Healthy Miami account under "My Profile."

I give permission to TriHealth to provide my biometric screening data to The Advisory Board Company and Cerner Wellness (third party vendor for Miami University) to display in my on-line Healthy Miami account and for non-identifiable aggregate reporting.

I understand that Miami University will have access to non-identifiable aggregate data of all participants from Cerner Wellness and The Advisory Board Company. I consent to my information being included in the non-identifiable aggregate data.



Signature (Required): _____ Date: _____

CLINICAL LAB VALUES (To be completed by the physician's office)

Only values collected between November 16, 2018 and November 15, 2019 will be accepted.

BIOMETRICS

Height _____ (feet, inches) Weight _____ (lbs) Blood Pressure ____/____ (mmHg)

BLOOD SCREENING RESULTS

Date Blood Drawn: ____/____/____

Total Cholesterol	Cholesterol/HDL Ratio
LDL	Fasting Glucose and/or A1C
HDL	Fecal Occult Blood (Colon Health Kit)
Triglycerides	Age 50+ as of 12/31/19

Physician Practice Name (please print) _____

Physician Signature

By signing, I certify that the data for the patient listed above is accurate and was obtained through this medical office.

Signature: _____ **Date:** _____

Submit to TriHealth: Fax to 513-852-7491 or email to MiamiScreenings@trihealth.com

Please keep a copy of this form for your records.