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MEMBER NAME:	EMPLOYER:
ADDRESS:	PHONE NUMBER:
DATE OF BIRTH:	EMAIL ADDRESS:

**Blood Work Fasting?** Yes / No

Gender: \_\_Male \_\_Female

Female-Currently Pregnant: \_\_\_\_ Yes \_\_\_\_No

Health Measure:	Date	Results:	Exceptions:
Current Smoker		YESNO	
Smoking Cessation Counseling		Completed	
		Declined	
BMI		Height = Inches	If pregnant use pre-pregnancy
		Weight= Pounds	information
Waist Circumference (optional)		Inches	
Blood Pressure		mmHg	Taking blood pressure
			medication
Fasting Total Cholesterol		mg/dl	
HDL:		mg/dl	
LDL:		mg/dl	
Triglycerides:		mg/dl	
		Ratio:	
Glucose		Fasting Blood Sugar:	
		mg/dl	Diagnosed Diabetic
HbA1c (optional – physician's discretion)		%	

HEA	ALTH SCREENINGS	COUNSELING	IMMUNIZATIONS	COUNSELING
0	Prostate	YesNoDeclined	o Flu	YesNoDeclined
0	Breast Cancer	YesNoDeclined	<ul> <li>Pneumococcal Vaccine</li> </ul>	YesNoDeclined
0	Cervical Cancer	YesNoDeclined	<ul> <li>Pertussis Update</li> </ul>	YesNoDeclined
0	Colorectal Cancer	YesNoDeclined	• Shingles	YesNoDeclined
0	Skin Cancer	YesNoDeclined	• HPV Vaccine	YesNoDeclined

 Health Practitioner Signature or Office Stamp:
 \_\_\_\_\_\_

Health Practitioners Phone Number:

All information will be kept confidential within the Wellness Program and specific results of an individual will not be shared. Information will be included in the individuals Health Action Report provided at the completion of the Personal Health Profile. The submission of this completed form will be noted and that information used to towards the administration of incentive reward.

Permission to Release this completed form to the Wellness Office at Empire State Highway Contractors Assn, Inc. Please fax it to the attention of the Wellness Coordinator at 315-895-5307

Members Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Steps:

- 1) Make your appointment to complete your Annual Physical Exam (include blood work).
  - This form can be completed by the doctor or the member, using the results from annual blood work.
  - Once complete: mail, email (good cell phone picture) or fax to:

Mail: Empire State Highway Contractors Association Wellness Coordinator 2481 Higby Road Frankfort, NY 13340

Fax: 315-895-5307

E-mail: pflaherty@eshca.org

- 2) This exam is covered by your ESHCA insurance once within the calendar year (\$0 copay). Be sure to take your medication list so you can re-evaluate your medications and dosages with your doctor.
- 3) If you have already completed your exam for the current year, drop this form off to your doctor's office for completion. Either pick it up or have them send it in on your behalf.
  - Note: if the member has the data, they can fill it out themselves (the doctor's signature is not required).

Follow the 3 Steps to Receive the \$200 Incentive:

• Note: Incentive change for 2023! The only thing required for the Annual Physical Incentive (\$200) in 2023 is the Explanation of Benefits. If you would like to get the additional \$50, submit the General Health Assessment and the MD Biometric Form.

	1) Submit MVP Explanation of Benefits (receipt from MVP)	
2)	Extra Credit (optional):	<b>*</b> • • •
	a. Submit the General Health Assessment ( <u>www.eshca.org</u> or call/email me)	\$25
	b. Submit MD Biometric Form	<u>\$25</u>
•	Max Total =	\$250

Questions or comments contact:

Patrick Flaherty MSE, CSCS ESHCA Wellness Coordinator Phone: 315-895-5303 Fax: 315-895-5307