

Screening Consent Form

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] _{HDL}																	Resting Heart Rate (Pulse)						ВРМ								
			Triglycerides			\Box													Во	Body Mass Index (BMI)														
			TC/HDL Ratio				1											Во	Body Fat %						%									
			LDL															0:	Osteo T-Score															
			Fasting Glucose Level				寸												Est. Bone Mineral Density (BMD)															
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	I hereby authorize and consent to the drawing of a blood sample for the purpose of measuring my cholesterol, HDL, LDL, Triglycerides, TC/HDL ratio (lipid profile), and blood glucose level. As partial consideration for the services provided hereunder, I hereby release Screening Vendor and any other organizations associated with this screening and their respective affiliates, directors, officers, shareholders, contractors, employees, successors, and assigns, from any liability arising from or in any way connected with the services provided hereunder or from the data derived there from. I understand that: 1. The data derived from my test is considered preliminary only and does not constitute a diagnosis of hypercholesterolemia, hyperlipidemia or diabetes. 2. If the results of my screening test suggest that I may be at risk of heart disease or diabetes according to the National Institutes of Health guidelines, I should contact my personal physician for follow-up. 3. The responsibility for initiating a follow-up exam to confirm the results of this screening and obtain professional medical assistance is mine alone and not that of any other individual organization associated with this screening. **OSTEOPOROSIS STATEMENT** I hereby authorize and consent to the ultrasound measurement of my calcaneus (heel bone) using peripheral ultrasound technology for the purpose of osteoporosis screening. The results can be used in conjunction with other clinical risk factors as an aid to my physician in the diagnosis of osteoporosis and medical conditions leading to reduced bone density, and ultimately in the determination of fracture risk. I understand that I should consult my personal physician for interpretation of my peripheral bone density scan. I further understand and agree that the responsibility for initiating a follow-up exam to confirm the results of this screening and obtain professional medical assistance is mine alone. I have no abrasions, open sores, or fungal/bacterial infections in the area that comes into cont																																	
	TRANSFER OF RESULTS: Maxim will use and disclose your personal and health information to treat you, to receive payment for the care we provide, and for other health care operations. Health care operations generally include those activities we perform to improve the quality of care. We have prepared a detailed NOTICE OF PRIVACY AND CONFIDENTIALITY PRACTICES to help you better understand our policies in regard to your personal health information. I acknowledge that I have received a copy of the Notice of Privacy and Confidentiality Practices. TRANSFER OF RESULTS As indicated by my signature, I have elected, or declined to elect that the Screening Vendor may disclose the medical information obtained from my participation in this voluntary wellness screening to my Health Plan. I understand that my Health Plan may use this information to identify opportunities to provide education regarding certain health risks, and may contact me to promote participation in its health and disease management programs. I understand that I may take part in today's screening regardless of my willingness to have my screening results transferred to my Health Plan. I acknowledge that not allowing the disclosure of this medical information may prevent the administration of incentives and/or rewards by my employer.									/																								
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Print Name/ Date

GUIDELINES FOR INTERPRETATION OF HEALTH SCREENING RESULTS

	GUIDELINES FOR INTERPRETATION OF HEALTH SCREENING RESU	
Screening	Guidelines for Interpretation	Reference
Blood Pressure		American Heart Association
	Normal:	
	Less than 120 / Less than 80	
	Prehypertension:	
	120-139 / 80-89	
	Advise participant to have blood pressure checked at annual	
	physical exam and have lifestyle changes.	
	Hypertension: Stage 1:	
	140-159 / 90-99	
	Advise participant to have blood pressure checked within 2	
	months; if over age 50: 140 or higher systolic pressure should	
	be treated regardless of diastolic blood pressure	
	Hypertension Stage 2:	
	160 or higher / 100 or higher	
	Advise participant to have blood pressure checked within a	
	month/immediately or within 1 week	
	month in included you within I week	
Heart Rate	Resting Heart Rate - 60-80 Beats/minute	American Heart Association
	Fasting Glucose Level:	
	Normal: 60-99	American Diabetes Association
	Pre-Diabetes: 100-125	
Glucose	Diabetes: 126 and higher	
	Non – Fasting Glucose Level:	
	Normal: <140	National Kidney Foundation
	Borderline High: 140 – 200	
	Diabetes: >200	
***Note: Currently there are no		
established ranges for TC/HDL Ratio;		
however, some experts have	<u>Total Cholesterol Level:</u>	
suggested that the goal for the ratio is	Desirable - < 200 mg/dL	
a value less than 4.5 and greater than	Borderline-High Risk - 200-239 mg/dL	
6 increases an individuals risk for	High Risk - 240 mg/dL and over	
heart disease.	LDL Cholesterol Level:	
	Optimal - < 100 mg/dL	
	Near Optimal/Above Optimal - 100-129 mg/dL	
	Borderline High - 130-159 mg/dL	
Cholesterol	High - 160-189 mg/dL	
	Very High - 190 and above	American Heart Association
	HDL Cholesterol Level:	
	Avg. Male - 40-50 mg/dL	
	High Risk - Avg. Male - <40 mg/dL	
	Avg. Female - 50-60 mg/dL	
	High Risk - Avg. Female - <50 mg/dL	
	Triglyceride Level:	
	Normal - < 150 mg/dL	
	High - 200-499 mg/dL	
Cholesterol	High - 160-189 mg/dL Very High - 190 and above HDL Cholesterol Level: Avg. Male - 40-50 mg/dL High Risk - Avg. Male - <40 mg/dL Avg. Female - 50-60 mg/dL High Risk - Avg. Female - <50 mg/dL Ideal - 60 mg/dL and higher Triglyceride Level: Normal - < 150 mg/dL Borderline High - 150-199 mg/dL	American Heart Association

ADDITIONAL INFORMATION:

Why am I getting N/A for my HDL cholesterol result?

-Check to see what the triglyceride result is. If the triglycerides are >650 mg/dL the HDL cholesterol result will not be accurate and will be reported as N/A. Why am I getting N/A for my LDL cholesterol result? There may be several reasons for a LDL result of N/A. The LDL cholesterol is calculated as follows: LDL=(TC-HDL-TRG/F)

-If the triglyceride result is >400 mg/dL, the calculated LDL cholesterol will not be accurate and the LDL result will be reported as N/A.

-If the TC, HDL, or TRG results are outside the measuring range of the instrument, the LDL will also not be calculated and will be reported as N/A.

Body Fat	Age R 20 - 39 years 40 - 59 years 60 - 79 years	Recommended Range WOMEN 21 - 33% 23 - 34% 24 - 36%	Recommended Range MEN 8 - 20% 11 - 21% 13 - 25%	World Health Organization (WHO)
Body Mass Index	BMI Below 18.5 18.5 - 25.0 25.0 - 30.0 30.0 or more	Weight Status LOW (Low) NORMAL (Norma HIGH (Pre-obese) VERY HIGH (Obe) [*]	World Health Organization (WHO)

Body Fat/BMI Warning Statement: Under NO circumstances are screening participants to use the Body Fat Analyzer if they have any of the following medical electronic devices:

- 1. Medical electronic implants such as pacemakers.
- 2. Electronic life support systems such as an artificial heart/lung.
- 3. Portable electronic medical devices such as an electrocardiograph. (This unit may cause the above-mentioned medical electronic devices to malfunction.) Never start weight reduction or exercise therapy without the instructions of a physician or a specialist.
 - *Self-diagnosis may damage your health condition.
 - *Consult with your physician before using when pregnant.
 - *Do not use this device when your body and fingers are wet.

Osteoporosis	> -1.0 - Normal Between -1.0 & -2.5 - Low Bone Mass (osteopenia) < or equal to -2.5 - Osteoporosis < or equal to -2.5 with the incidence of one or more low trauma fractures - Severe Osteoporosis (established Osteoporosis)	World Health Organization (WHO)