

Carroll County Biometric Screening Confirmation Form

WHY THIS ACTIVITY IS IMPORTANT

Biometric screenings are used to identify individuals who may have risk factors for heart disease, diabetes, metabolic syndrome and more. Typically, you will have measurements for blood pressure, waist circumference, glucose (sugar), triglycerides (fat) and HDL (your good cholesterol.) Finger-stick technology enables accurate analysis and immediate results. These results are shared by a health professional with each individual on a confidential basis and include recommendations on how to reduce risk factors, which may include follow-up care or lifestyle changes. Your employer may also offer various disease intervention programs and preventive measures to help you reduce these risks. If you are free from these risk factors, you will be given a thumbs up and encouraged to keep up the good work of managing your health ... keep doing what you've been doing!

Many employees will find that annual biometric health screenings can have a tremendously positive impact on their health, productivity, and well-being. When aware of these findings, employees are more likely to take a proactive role in their health and lifestyle changes.

ACTION YOU NEED TO TAKE

Your employer may offer this screening on site. If not, or if you are unable to attend the worksite screening, you will need to visit your own provider.

INSTRUCTIONS TO MEMBER

To complete the annual biometric screening activity and earn credit, this form must be completed in full. Forms submitted without a provider stamp/signature will not be accepted.

Follow the guidelines below to ensure completion:

- Data cannot be self-reported. A provider stamp or documentation must be provided.
- If necessary, only attach the required information, not a complete physical summary.
- Prior to turning in or sending this completed sheet, please make a copy for your records.

Once this form has been completed by your provider, turn it in to receive credit.

INSTRUCTIONS TO PROVIDER

Please screen this member for the following markers and share the results with the member. Once complete, stamp (or sign) and date this form to verify that the member has had the tests completed and understands their results.

- Waist Circumference
- Blood Pressure
- HDL Cholesterol
- Triglycerides
- Glucose

PRINT EMPLOYEE NAME: _____

Provider Stamp	Date of Completion

NEXT STEPS: Please email this form by 11/30/2025 when complete to : jphillips@carrollcountyohio.us & sbrady@carrollcountyohio.us