



ANNUAL PHYSICAL SCREENING FORM

Screening results must be from an Annual Physical that occurred between

February 1, 2016 – January 31, 2017

This form must be received by January 31, 2017

Last Name (please print clearly): _____

First Name (please print clearly): _____ Male: Female:

Home Phone: _____ - _____ - _____ Date of Birth: ____ / ____ / ____

Spirit ID: _____ Spirit Health Insurance ID Number _____

Voluntary Participation. My Health Care Provider is submitting data obtained during my annual physical which occurred between the dates of February 1, 2016 – January 31, 2017. I understand that my participation in this wellness program, including the submission of this data, is completely voluntary and that in providing this information in the timeframe specified above, I will have completed one of the required activities for my Life-Style based medical premium for the 2017-2018 Plan Year. I authorize the wellness program to communicate orally or in writing to the Spirit Benefits Department that I have completed the annual physical for the 2017-2018 Plan Year.

Consent to Disclosure. I understand that my Spirit ID will be used only to identify my information and track my program participation. I also understand that Spirit, as my employer, is prohibited from using information gathered through my participation to affect my employment in any way. However, I understand that my information may be disclosed to Via Christi, Rally, and Mercer Consulting only for the purpose of performing group statistical analysis by the aforementioned firms, their respective agents, and their employees. I also understand that my information may be entered into my Health Risk Assessment results by Rally, their respective agents and employees. Except for these types of usage and the uses specified in my Health Risk Assessment consent, no other uses or disclosures will be made without my written consent. By signing below, I agree that my Health Care Provider may communicate the results of the annual physical exam to Healthy Spirit, Spirit, its attorneys, or administrators as necessary for purposes of my participation in the wellness program.

Confidential Participation. I understand that my participation will be known to Healthy Spirit and the Spirit Benefits Department, their respective agents and employees, and that any biometric screening results will remain confidential as set forth in this consent. I understand that Via Christi, Rally, and Mercer Consulting respects and protects my privacy. My personally identifiable information, including my name, employee number and these screening results, will only be used by Via Christi, Rally, and Mercer Consulting for providing health management services to me, which includes using the information to inform me of relevant health improvement programs offered by Rally. Rally may only provide deidentified aggregate data to Spirit. Rally will not otherwise disclose any information about me to any third party except to the extent authorized by me or to comply with applicable law or valid legal process.

Accepted and Agreed:

Employee Signature: _____ Date: _____

-----To be completed by a licensed Health Care Provider for services received between 02/01/2016 – 01/31/2017 -----

Dear licensed Health Care Provider: As part of a voluntary wellness program (Healthy Spirit), participating employees have been asked to undergo a basic annual physical examination. Healthy Spirit is not requesting any records, genetic information, or any other information related to the employee aside from the specific screening items identified below. Healthy Spirit will utilize this information as set forth above.

Date of exam or lab testing: _____

Screening Exam	Your Results	Desirable
Height – feet		
Height – inches		
Weight – pounds		
Waist Measurement		
Systolic Blood Pressure		Under 120 mm HG
Diastolic Blood Pressure		Under 80 mm HG
Total Cholesterol		Less than 200 mg/dL
HDL Cholesterol		Greater than 40 mg/dL
Glucose		Less than or equal to 140 mg/dL (non-fasting) Less than or equal to 100 (fasting)

Health Care Provider Signature (reqd): _____ Date: _____

Office Street Address, including City and State _____

This form must be faxed, or postmarked and mailed to the address below by 01/31/2017.

Via Christi Occupational Health

% Arthur Jones

2535 E. Lincoln

Wichita, KS 67211

Fax #: 316-689-6957

Please keep a copy of this completed form for your records.

Your Cholesterol.

It is important to know your blood cholesterol level, as high cholesterol is a risk factor for heart disease. Cholesterol is a waxy substance that occurs naturally in all parts of the body and is required for normal functioning. Cholesterol is present in cell walls or membranes, including the brain, nerves, muscle, skin, liver, intestines and heart.

Your body produces all the cholesterol it needs. Over time, too much cholesterol can build up in the walls of your arteries. This causes “hardening of the arteries,” and decreases the size of the opening through which blood flows. Blood carries oxygen to the heart. When the arteries that carry blood to your heart muscle become clogged, your heart doesn’t get the oxygen it needs. This can result in a heart attack or coronary heart disease (CHD).

The good news is that you can lower your cholesterol and risk of heart disease by changing your eating habits (all animal products contain cholesterol but plant products do NOT contain cholesterol), becoming more physically active, quitting tobacco use and managing your stress.

Your HDL Cholesterol.

High Density Lipoprotein (HDL) is called “good” cholesterol. HDL carries cholesterol in the blood from other parts of the body back to the liver, which leads to its removal from the body. HDL helps keep cholesterol from building up in the walls of the arteries. If your level of HDL cholesterol is below 40 mg/dL, you are at substantially higher risk for heart disease. The higher your HDL cholesterol, the lower risk you have of heart disease.

Your Blood Pressure.

The heart pumps to move blood through the body. Blood travels from the heart through blood vessels called arteries. Blood pressure is a measure of how hard the blood pushes against the artery walls as it moves through the body. If your blood pressure is high, your heart has to work harder to move blood.

Blood pressure increases and decreases normally with daily activities. High blood pressure, or hypertension, occurs when your blood pressure becomes too high and stays there. High blood pressure is sometimes called the “silent killer” because it has no clear signs or symptoms — a person can have it and not know it. High blood pressure doesn’t make you feel dizzy or nervous but can cause heart disease, kidney disease and stroke. The higher your blood pressure, the higher your risk. That’s why you should have your blood pressure checked regularly.

There are some risk factors for high blood pressure that you can’t control, such as your family history, age, race and gender. However, you can control your eating habits by limiting foods high in salt and saturated fat, your physical activity level, your weight, tobacco use and stress level.

Your Systolic and Diastolic Blood Pressure.

Blood pressure is recorded as two numbers. Systolic pressure is the force of blood in the arteries as the heart beats. It is shown as the top number in a blood pressure reading. Diastolic pressure is the force of blood in the arteries as the heart relaxes between beats. It’s shown as the bottom number in a blood pressure reading. If either of these numbers is too high for two or three separate readings, you may be told that you have high blood pressure.

The diastolic blood pressure is an important measure of high blood pressure (hypertension), especially for younger people. As you become older, your diastolic pressure will begin to decrease and your systolic blood pressure will begin to increase and become more important. A rise in diastolic or systolic blood pressure increases your risk for heart attacks, strokes and kidney failure.

Your Glucose.

Diabetes is a disease in which the body does not produce or properly use insulin. Insulin is a hormone that is needed to convert sugar, starches and other food into energy needed for daily life. During digestion, the body normally breaks down food into a form of simple sugar, called glucose. Any unused glucose circulates in the bloodstream and is stored as fat, resulting in obesity.

Approximately 20 million Americans have diabetes, and one in three does not know it! If not managed properly, diabetes can damage the eyes, kidneys, heart and circulation in the hands and feet, which can be life threatening. There are some uncontrollable risk factors for diabetes, such as family history, race, gender and age. The best way to avoid developing diabetes is to lead a healthy lifestyle and avoid the risk factors you can control, such as obesity and lack of physical activity.

Resources for You.

www.nhlbi.nih.gov

www.nutrition.gov

www.ymcawichita.org

www.fitness.gov

www.diabetes.org

www.cdc.gov/tobacco

www.healthfinder.gov