Biometric Screening Form — City of Springfield

First Name		Gender ☐ Male ☐ Female
Last Name		**Date of Birth**
Email	**Phone Number**	☐ Employee ☐ Dependent
Are you fasting? This means you have **NOT** had anything to eat or drink other than water or coffee/tea without sugar or cream in the last 9-12 hours. Note: If you have not fasted, you may still participate. However, some of your measurements may be affected.		☐ Yes ☐ No

By signing this form, I attest that all of the above information is accurate to my knowledge. This medical information may be used for treatment, health risk assessment, consultation, or other purposes as I may direct.

Employee Signature: **Date:**

Height				**Weight**		**% Body Fat**	
ft		**in**		**LBS**			
Total Cholesterol (mg/dL)		**Triglycerides (mg/dL)**		**HDL Cholesterol (mg/dL)**		**LDL Cholesterol (mg/dL)**	
At risk	**>240**	At risk	**>200**	At risk	**Men <40 ; Women <50**	At risk	**>160**
Elevated	**200-239**	Elevated	**150-199**			Elevated	**130-159**
Normal	**<200**	Normal	**<149**	Normal	**Men >40; Women >50**	Normal	**<100** (below 70 if coronary artery disease is present)
Glucose (mg/dL)		**Resting Heart Rate**		**Waist (inches)**		**Blood Pressure**	
At risk	**≥126**	At risk	**>100 beats per minute**	At risk	**Men>40; Women >35**		Systolic / Diastolic
Elevated	**100-125**	Normal	**60-100 beats per minute**	Normal	**Men<40; Women <35**	At risk	**>129** / **>120**
Normal	**< 100**					Elevated	**120-129** / **80-119**
						Normal	**<120** / **<80**

Health Risk Assessment complete? ☐ Yes ☐ No

Facility Name

Provider Signature: **Date:**

Handouts provided:

☐Glucose/A1c ☐ Blood Pressure ☐Cholesterol ☐Other:

Please fax completed forms to Memorial Choice at (217) 527-3435 or email to memorialchoice@mhsil.com.