

HEALTHY BOILER WELLNESS PROGRAM INFORMATION (Please print legibly)	
Last Name:	First Name:
PUID:	DOB:
Email Address:	Phone Number:

Just use this form as credit-proof for your physical examination.

INSTRUCTIONS:

This form is to be used to record your biometric measurements after a physical examination so that you can input them into the form on the EARN TAB in the Healthy Boiler Wellness Portal.

BIOMETRIC SCREENING DATA

☐ Check here if you are pregnant and under the care of an OB

Biometric Measure	Value	Date of Measure
Current Body Weight (lbs)		
Height (inches)		
Body Mass Index (BMI)		
Systolic Blood Pressure Level (top number)		
Diastolic Blood Pressure Level (bottom number)		
LDL Cholesterol Level		
A1c		
NOTES OR OTHER SCREENING MEASURES		

Physical Exam	Provider Initials	Date of Exam
Physical exam completed between Oct. 1st, 2019 - Sept. 30th, 2020* <small>*Deadline extended to Dec 31, 2020 due to COVID</small>		

If you would like to better understand any of your biometric screening data, or to schedule an appointment with a health coach (telephonic and face-to-face appointments available), please call (765) 494-0111.

BIOMETRIC SCREENING COMPLETED BY:

AUTHORIZED SIGNATURE
OR STAMP OF
PROVIDER OR LAB

Please refer to page 2 of this provider form to review protections from disclosure of medical information.

PROGRAM OPERATED BY ONE TO ONE HEALTH PPN
QUESTIONS? Please send us an email at: CHL@onetooneppn.com

HEALTHY BOILER WELLNESS PROGRAM DISCLOSURE INFORMATION

Protections from Disclosure of Medical Information. The Company and its wellbeing vendors are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellbeing program vendor and the Company may use aggregate information it collects to design a program based on identified health risks in the workplace, neither the Company nor its wellbeing vendors will ever disclose any of your personal information either publicly or to other employees at the Company except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellbeing program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellbeing program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellbeing program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellbeing program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellbeing program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information are those to whom you choose to disclose it (such as a health coach, nurse, physician, etc.) in order to provide you with services under the wellbeing program.

In addition, all medical information obtained through the wellbeing program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellbeing program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellbeing program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellbeing program, nor may you be subjected to retaliation if you choose not to participate.

If you have any questions about the privacy of your PHI, HIPAA or discrimination contact your Company's human resources director.