



### **Biometric Screening Consent Form**

I, the undersigned, represent that my participation in this biometric Health Screening is voluntary.

I understand my individually identifiable information may be shared with and used by my employer-sponsored group health plan to provide health management and/or disease management services including data aggregation for program improvement purposes. The importance of safeguarding individually identifiable health information is recognized and all organizations involved in this screening are obligated to take reasonable steps to protect such information from unauthorized access or use.

I, the undersigned, hereby consent to the collection of blood pressure, resting heart rate, height, weight, BMI readings, waist circumference, body composition data and a blood sample for the purposes of measuring my cholesterol and glucose levels. I understand that:

- (1) The data derived from the test(s) are considered to be preliminary; they are screening assessments only. They do not constitute a diagnosis of hypertension, pre-hypertension, obesity, hypercholesterolemia, pre-diabetes or diabetes.
- (2) The responsibility for initiating a follow-up examination to confirm the results of this screening and obtain professional medical assistance is mine alone, and not that of any organization(s) associated with this screening.
- (3) The chemical analyzer used to determine plasma glucose and serum lipid levels may yield results that are at variance from those produced by standard reference laboratory analyzers.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Please Circle: Employee or Spouse

Employee EID#: \_\_\_\_\_

