CONFIDENTIAL

Marathon Health Screening Form

Schupan and Sons

Dear Clinician,
The patient listed below is participating in an employer-sponsored health-management program administered by Health Plan Advocate, which includes biometrics.

Please complete this form, providing all of the required measurements listed below, and return it to Health Plan Advocate (HPA) by mail or fax.

5380 Cascade Road S.E., Ste. 200, Grand Rapids, MI 49546
Phone – 616 575-0211 ext 203 Fax – (616) 828-0990

***All new hires have within 90 days from date of hire to complete.**

1. PATIENT INFORMATION (TO BE COMPLETED BY MEMBER)

Patient's Name: _____ Biological Sex: Male ☐ Female ☐ DOB: _____

Patients Address: _____ Age:_____

Patients Phone Number: _____ Type: Employee of Schupan ☐ Spouse* ☐

Patient Email: _____ *Employee Name (if spouse): _____

I authorize the clinician's office completing this form to release the information below to HPA, including any subcontractors and business associates. I also understand the information regarding ADA, GINA and HIPAA provided on the back of the form and I authorize the collection and transfer of my biometric results to the administrators of the Schupan and Sons Wellness Program. I also understand that I am not required to answer questions about my family medical history and other genetic information to be eligible for the Schupan and Sons wellness incentive.

Patient's Signature: _____

I certify that my indicated nicotine status below is accurate.

2. TEST RESULTS (TO BE COMPLETED BY CLINICIAN)

Weight	_____ pounds	Waist	_____ inches
Height	_____ inches	Body Fat %	_____%
BMI	_____		
Blood Pressure *(1st reading)*	_____ mmHg	Blood Pressure *(2nd reading)* *If 1st reading is at or above 140/90*	_____ mmHg
Total Cholesterol	_____ mg/dl		
HDL	_____ mg/dl	Pregnant *(females only)*	☐ Yes ☐ No
LDL	_____ mg/dl	Fasting	☐ Yes ☐ No
Triglycerides	_____ mg/dl	Blood Pressure Medication	☐ Yes ☐ No
TC/HDL	_____	Cholesterol Medication	☐ Yes ☐ No
Glucose	_____ mg/dl	Diabetes Medication	☐ Yes ☐ No

Does the above listed patient use nicotine products? ☐ Yes ☐ No (employee initial) _____

Is this screening a part of a full physical? ☐ Yes ☐ No

Healthy Ranges

- BMI below 25
- Blood Pressure 119/79mmHg or below
- Total Cholesterol 199mg/dL or below
- HDL 60 mg/dL or above
- LDL below 130 mg/dL
- Triglycerides below 150 mg/dL
- TC/HDL ratio below 3.6
- Glucose below 100 mg/dL

3. CLINICIAN SIGNATURE (FORM NOT VALID UNLESS SIGNED BY CLINICIAN)

Date of testing/measurements: _____

Clinician's Name: _____

Signature of Office Staff completing form: _____ Date: _____

Office phone number: (_____)_____

NOTICE REGARDING THE SCHUPAN AND SONS WELLNESS PROGRAM

The Schupan and Sons Wellness Program is a voluntary wellness program available to all employees and their spouses. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. You will be asked to complete a biometric screening, which will include a blood test for Total Cholesterol, HDL Cholesterol, and LDL Cholesterol, Triglycerides, Blood Glucose, Blood Pressure and Body Mass Index. You are not required to participate in the blood test or other medical examinations.

However, employees and spouses who choose to participate in the wellness program may receive an incentive. Although you are not required to participate in the biometric screening, only employees and spouses who do so may receive the incentive. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Health Plan Advocate at 616-575-0211 x107. The information from your results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks and may also be used to offer you services through health improvement opportunities. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Schupan and Sons may use aggregate information it collects to design a program based on identified health risks in the workplace and notify you of health improvement opportunities, your personal information will never be disclosed either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness 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 wellness program or health improvement opportunities, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information are Health Plan Advocate and any subcontractors and/or partner organizations with whom they have an established Business Associate Agreement. In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness 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 wellness 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 wellness program, nor may you be subjected to retaliation if you choose not to participate. If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Health Plan Advocate Wellness at 616-575-0211 x104.

Preventative Care Form

HealthyWorks
Defining Safety & Wellness

Schupan & Sons

Physician,

This patient is in a worksite wellness program at work. We have encouraged them to get a preventative exam done and have provided an incentive to do so. Please indicate the following preventative tests performed below. Return this form to the patient. **It is the patient's responsibility to turn in this form for credit.** *All new hires have 90 days from date of hire to complete.

PATIENT INFORMATION:

Name: _____

Date of Birth: ___ / ___ / ___ Phone Number: _____

Schupan facility:_____ (Davis Creek, Toledo, etc.)

Are you eligible for health insurance through Schupan & Sons' plan? ☐ yes ☐ no ☐ not sure

Patient Signature: _____ Date: ___ / ___ / ___

PHYSICIAN INFORMATION:

Name: _____

Phone Number: _____ Date of Preventative: ___ / ___ / ___

Provider Signature: _____ Date: ___ / ___ / ___

PREVENTATIVE TASKS PERFORMED:

- ☐ General physical or preventative care visit
- ☐ Dental Cleaning
- ☐ Vision Exam

HPA
Health Plan Advocate

Employee: Please return form by fax (616) 828-0990, or email to adeters@healthplanadvocate.com. If you have questions regarding this form, or its purpose, please contact Alexis at (616)575-0211 ext.107.