

Biometric Screening

If you are unable to attend an onsite screening, please have your Primary Care Provider (PCP) complete the form and submit to MSU Counseling & Health Services (C&HS).

**PCP forms are due no later than November 30, 2014

C&HS Fax: 606-783-9106

C&HS Health Coach Email: cdburchett@moreheadstate.edu

C&HS address: 112 Allie Young Hall, Morehead, KY 40351



This shall serve as your consent for Biometrics screening only. This service is provided to you by Morehead State University as part of your employee benefits package. You are consenting for Morehead State University Counseling and Health Services to perform your biometric screening as per MSU Human Resources' guidelines. Please be aware that only specific information regarding whether you qualify or do not qualify for Wellness Incentives will be provided to MSU Human Resources. If you sign the tobacco-free waiver, as part of the MSU Wellness Incentive program, part of your biometric screening will include an oral swab to provide evidence-based data that you are tobacco free. This specific data will be provided to MSU Human Resources. Otherwise, only group aggregate data, not specific individual protected health information, will be released. There may be additional consent forms required for release of information. This consent shall be continuous until revoked in writing.

INSURANCE/PAYMENT INFORMATION

Counseling and Health Services is doing business as a family practice clinic as well as addressing minor urgent care issues. No insurance will be billed and no fee for services will be expected, as this consent only covers and pertains to the Wellness Incentives provided by Morehead State University Human Resources.

By signing your name, you are consenting to the information as listed above.

Notice of Privacy Practice

Student Health Services' Notice of Privacy Practice provides information about how we may use and disclose protected health information about you. It also provides information on what your rights are regarding your protected health information as outlined by the Health Insurance Portability and Accountability Act of 1996.

As provided in our notice, the terms of our notice may change. If we change our notice, you may obtain a revised copy by making a request to Student Health Services or review a copy from our website at <http://moreheadstate.edu/chs>. Our electronic health records privacy practice policy may also be found and reviewed at this website.

By signing this form, I acknowledge that I have received a copy of the Notice of Privacy Practice or had the opportunity to review the notice.

Please sign your name to acknowledge above.

Name (last, first, middle): _____

Social Security Number: _____

Date of Birth: _____

Age: _____

Home

Address: _____

Telephone number: _____

Do you have allergies (i.e. to MEDICINE, pollen, foods, or stinging insects)? _____

If yes, please list allergies _____

Are you presently taking any medications?

If yes, please list name of drug, dosage, strength, and frequency: _____

Are you female or male? _____

Do you have any ongoing chronic medical conditions? _____

If yes, please list

Have you ever had surgery? If yes, please describe and give approximate dates.

Please list any further information regarding your past medical history you think we may need to in order to provide you with the best care.

Medical Personnel of Counseling and Health Services will review this health history. You will be notified in writing if further medical information is needed.

Please list the name of your personal health care provider as well as phone number and fax if available

By signing your name, you are certifying that all information is true and correct to the best of your knowledge.

If it is unreasonably difficult due to a medical condition for you to achieve the standards for the reward under this program, or if it is medically inadvisable for you to attempt to achieve the standards for the reward under this program, please call MSU Health Coach and we will work with you to develop another way to qualify for the rewards.

Biometric Results



Date: _____
 Name: _____
 CellPhone: _____
 DOB: _____
 MSU ID: _____

Fasting: Y N Check here if you are pregnant:

Systolic Blood Pressure: _____ mmHg Height: _____ ft _____ in = _____ in
 Diastolic Blood Pressure: _____ mmHg Weight: _____ lbs
 Total Cholesterol: _____ mg/dl Waist Circumference: _____ in
 HDL Cholesterol: _____ mg/dl Hip Measurement: _____ in
 LDL Cholesterol: _____ mg/dl Waist/Hip Ratio: _____
 Triglycerides: _____ mg/dl Body fat%: _____
 TC/HDL Ratio: _____ Body Mass Index (BMI): _____
 Fasting Glucose: _____ Cotinine results: _____

Blood Pressure:

	Systolic (Top Number)	Diastolic (Bottom Number)
Normal	<120	<80
Pre-hypertension	120-139	80-89
High Blood Pressure		
Stage 1	140-159	90-99
Stage 2	>160	>100

Blood Test Reference Ranges:

Total Cholesterol (TC)

Desirable: <200 mg/dl
 High: 200-239 mg/dl
 High: ≥240 mg/dl

HDL Cholesterol

Desirable:
 Female >50 mg/dl
 Male: >40 mg/dl

LDL Cholesterol

Optimal: <100 mg/dl **Borderline**
 Near Optimal: 100-129 mg/dl
 Borderline High: 130-159 mg/dl
 High: 160-189 mg/dl
 Very High: ≥190 mg/dl

Triglycerides (TRG)

Normal: <150 mg/dl
 Borderline High: 150-199 mg/dl
 High: 200-499 mg/dl
 Very High: ≥500 mg/dl

TC/HDL Ratio

Female: ≤ 4.5 mg/dl
 Male: < 5.0 mg/dl

Glucose

Normal-Fasting: <100 mg/dl / Non-Fasting <125mg/dl
 Pre-Diabetes: 100-125 mg/dl
 Diabetes: ≥ 126 mg/dl

Waist Circumference:

Female: <35" Male: <40"

Waist/Hip Ratio:

Female: <.86 Male: <.95

Body Fat%

	Age	Low	Normal	High	Very High
Female	20-39	<21.0	21.0-32.9	33.0-38.9	>39.0
	40-59	<23.0	23.0-33.9	34.0-39.9	≥40.0
	60-79	<24.0	24.0-35.9	36.0-41.9	≥42.0
Male	20-39	<8.0	8.0-19.9	20.0-24.9	≥25.0
	40-59	<11.0	11.0-21.9	22.0-27.9	≥28.0
	60-79	<13.0	13.0-24.9	25.0-29.9	≥30.0

Body Mass Index (BMI):

Underweight <18.5 Normal 18.5-24.9 Overweight 25.0-29.9 Obese ≥30.0

Healthcare provider signature _____

**The above reference tables are based on the guidelines from the Department of Health and Human Services, The National Institute of Health, The National Heart, Lung and Blood Institute, The Center for Disease Control and Prevention and The World Health Organization