EMPLOYEE WELLNESS

This form is for physician offices only, not for direct lab use.

EMPLOYEE: Pleaseuse this form toobtain your labandscreening results from your healthcare provider. Please complete the following contact information and follow the directions provided below. The information on this form is confidential and HIPAA-compliant. Any information shared will not be disclosed except in accordance with HIPAA laws. **All fields below are required**.

Employee Name:_____ Employer: Eastern Kentucky University_____

Employee Date of Birth: _____Employee ID: _____

Employee Signature: _____

PLEASE NOTE:

- You may submit biometric screening tests completed by your health care provider on or after January 1, 2026.
- This form must be completed and emailed to BluMine Health no later than 11/30/2026 to receive the incentive in the 2026 tax year. Email: bluminewellness@bluminehealth.com
- All fields must be completed. This form **requires** a physician's signature and date.

TO LICENSED MEDICAL PROFESSIONAL: The wellness program offered through Eastern Kentucky University is not intended to treat, diagnose, or replace physician involvement, but rather to create and promote an atmosphere of healthy living and learning through the implementation of wellness initiatives. For more information, please call 859-622-8874. **All fields below are required**.

Licensed Medical Professional Name: _____ Phone:_____

Address: _____ City: _____ State: _____

Licensed Medical Professional Signature and Date: _____

Total Cholesterol		mg/dL
HDL Cholesterol		mg/dL
LDL Cholesterol		mg/dL
Triglycerides		mg/dL
Glucose		mg/dL
Systolic Blood Pressure (rest)		mmHg
Diastolic Blood Pressure (rest)		mmHg
Height		in
Weight		lbs
Waist Circumference		in
Fasting	Yes	No