

Waukesha County Health Screening Program
BIOMETRIC SCREENING VISIT - PROVIDER OPTION
CERTIFICATION OF COMPLETION FORM



PARTICIPANT INSTRUCTIONS:

The Health Screening Program is voluntary for **employees and spouses** enrolled in the County’s health insurance. It consists of a biometric screening (which includes blood draw, height, weight, and blood pressure) in order to earn the health plan incentive for next year. **If you would prefer to utilize your provider, please take this form with you to your appointment to have your provider sign and date for verification of completion of your Biometric Screening Visit (see steps outlined below).** All other information is confidential and will not be shared with Waukesha County in accordance with HIPAA guidelines.

1. **Schedule an appointment** with your provider between January 1 and September 30.
2. **Prepare for your appointment:** Have this form ready to bring with you, drink plenty of water in the 24 hours prior, and take your medications as prescribed by your healthcare provider.
3. **At the appointment:**
 - **Have the biometrics and labs listed below completed,** and
 - **Have the provider to sign and date this [BIOMETRIC SCREENING VISIT - PROVIDER - CERTIFICATION OF COMPLETION FORM](#)**
4. Once completed, **return this [BIOMETRIC SCREENING VISIT - PROVIDER - CERTIFICATION OF COMPLETION FORM](#) to Waukesha County’s Human Resources Department**

Note: You can expect that you will be required to pay for the cost of the lab work and possibly an office visit with an outside provider. To avoid the costs, participants are encouraged to complete the screening through one of the no cost options: either through a biometric screening appointment at the Waukesha Employee Health & Wellness Center during their assigned month, or at the Waukesha Employee Health & Wellness Center during an annual physical visit.

You must return this form to Waukesha County’s Human Resources Department by **September 30 or mail to the address below postmarked by **September 30**.**

Waukesha County Human Resources
 515 W Moreland Blvd, Rm A-160
 Waukesha, WI 53188-2482
 Phone: (262) 548-7044 | Fax (262) 896-8272

Participant is (Check One): <input type="checkbox"/> County Employee <input type="checkbox"/> Spouse Participant Name (Print):	Date of Birth:
Participant Signature:	Date Signed:

PROVIDER INSTRUCTIONS:

Health plan incentives are available to employees, and if applicable spouses, who are covered by one of the health insurance plans offered by Waukesha County if they complete a Biometric Screening Visit. **Biometric Screening Visits completed between January 1 and September 30, will be accepted.**

The following are required for a Biometric Screening Visit:

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| <ul style="list-style-type: none"> • BIOMETRICS: ○ Height ○ Weight ○ Blood Pressure | <ul style="list-style-type: none"> • LABS: ○ Full Lipid Panel (to include Total Cholesterol, HDL, LDL, and Triglycerides) ○ HbA1C ○ Comprehensive Metabolic Panel |
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By signing below, you acknowledge the above participant has completed a Biometric Screening Visit with you.

I am confirming that I have met with the named participant to complete a Biometric Screening Visit to satisfy the requirements of the Waukesha County Health Screening Program.

Date Biometric Screening Visit Completed:	
Provider Name (Print):	Provider Phone Number:
Provider Signature:	Date Signed: