



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

Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Employer: \_\_\_\_\_

Associates need to share their Health Risk Assessment (HRA) biometric scorecard with their primary care provider. Providers are then asked to follow up on future care and/or treatments based on the scorecard results.

Goals for employer's scorecard:

- |   |   |
|---|---|
| <input type="checkbox"/> Systolic blood pressure < 139 mmHg | <input type="checkbox"/> Body mass index < 30.9 |
| <input type="checkbox"/> Diastolic blood pressure < 89 mmHg | <input type="checkbox"/> LDL cholesterol < 159  |
| <input type="checkbox"/> Tobacco non-user                   | <input type="checkbox"/> HDL cholesterol > 36   |

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider (Print Name): \_\_\_\_\_

Entity: \_\_\_\_\_

**Electronic:** Scan the completed form and e-mail to [workandwellness@agnesian.com](mailto:workandwellness@agnesian.com).

**Mail:** Agnesian Work & Wellness, Attn: Wellness Coordinator, 420 E. Division Street, Fond du Lac, WI 54935

**Fax:** (920) 926-8930 Attn: Wellness Coordinator

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

