

## Dartmouth College Wellness Program

### 2013 Doctor/Health Care Professional Verification Form for Biometric Screenings

Use this form if you have received your biometric screenings from your Doctor/Health Care Professional between 10/1/2011 and 9/30/2013. Submission of this form will give you credit for completion of the biometric screening milestone. The required screenings include: Blood pressure, cholesterol (including HDL), glucose (blood sugar), Body Mass Index (BMI), and waist circumference.

After completing the information below, including a signature from your Doctor/Health Care Professional, fax this form to 800.390.4349 or mail it to: Cigna Incentive Points Program, 160 Chubb Ave., Suite 202, Lyndhurst, NJ 07071. This form must be post-marked by 09/30/2013.

Please keep a copy of this form, as well as a copy of your biometric screening results, for your records. You will need to enter your screening results into the Health Assessment, as well as provide them to your Field Health Coach, should you choose to engage in these activities.

Note: All fields on the form are required. If you do not include all information, you will not receive credit for your activity. Cigna members - ID numbers are available on your Cigna medical ID card. If you are not a Cigna member, please leave the Cigna ID Number field blank.

Employer Name: <b>Dartmouth College</b>	Cigna Health Plan ID Number(if applicable): U	Account Number: 3336087
Last Name:	First Name:	M.I.:
Best Contact Phone Number:	Date of Birth MM/DD/YY:	Gender:    M    F
Dartmouth ID:	E-Mail Address:	

**Doctor/Health Care Professional's Note:**

To get credit for the biometric screening milestone, individuals must complete the screening requirements including blood pressure, cholesterol (including HDL), glucose (blood sugar), Body Mass Index (BMI), and waist circumference. Screenings need to have been completed between 10/1/2011 and 9/30/2013.

Please record the individual's biometric screening results (on page 2) and sign below.

Your signature is confirmation that the biometric screening requirements noted above have been completed between 10/1/2011 – 9/30/2013.

Milestone	Print Name of Doctor/Health Care Professional	Signature of Doctor/Health Care Professional	Today's Date (MM/DD/YY)	Biometric Screening Completion Date (MM/DD/YY)
<b>Biometric Screenings</b>				

**Dartmouth College Wellness Program**

**2013 Doctor/Health Care Professional Verification Form for Biometric Screenings**

Please have your Doctor/Health Care Professional fill in your biometric screening results below.

<b>Biometric Screening</b>	<b>Results</b>	<b>Date of Screening</b>
Blood Pressure		
Total Cholesterol		
HDL Cholesterol		
Glucose		
Body Mass Index		
Waist Circumference		

Please keep this page for your records. You will need to enter your biometric screening results into the Health Assessment, as well as provide them to your Field Health Coach, should you choose to engage in these activities.

Please do NOT submit this page to the Cigna Incentive Points Program.