

ANNUAL PHYSICAL BIOMETRIC SCREENING FORM



This form is intended to use data captured at your **annual physical to satisfy your biometric screening**, as part of the requirements to **earn 10,000 Work Tango Points (\$100)**.

INSTRUCTIONS

STEP 1: Take this form with you to your annual physical with primary provider and collect the required data from your primary care provider.

STEP 2: Email the completed form to wellness@captivehealth.org along with a copy of your lab results by **12/31/2026**.

IMPORTANT: Medical insurance typically covers one physical per year. This alternative screening option is meant to capture data from your annual physical. Please do not schedule an additional appointment with your physician to complete this form, as it may not be covered by insurance.

PARTICIPANT INFO	Employer:	Hummer
	Participant Name:	
	Date of Birth:	
	Email Address:	
	Phone Number:	

PROVIDER INFO	Provider Name:	
	Name of Clinic:	
	Date of Exam:	
	Provider Signature:	



BIOMETRIC DATA (to be completed by provider)	Patient Fasting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Patient Pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Blood Pressure:	
	Height: (to the quarter-inch)	
	Weight:	
	Waist Circumference: (1" above navel, to the quarter-inch)	

Glucose:	<i>ATTACH RESULTS</i>
Total Cholesterol:	<i>ATTACH RESULTS</i>
HDL:	<i>ATTACH RESULTS</i>
LDL:	<i>ATTACH RESULTS</i>
Triglycerides:	<i>ATTACH RESULTS</i>
PSA: (Men 45+ or 40+ with a family history of prostate cancer)	<i>ATTACH RESULTS</i>