CORPORATE WELLNESS
OFF-SITE BIOMETRIC SCREENING

Making Better Lives. Rock Valley HEALTH

ALL INFORMATION MUST BE PROVIDED BY OCTOBER 10th, 2025

SECTION 1: TO BE COMPLETED BY EMPLOYEE (PLEASE PRINT)

Last Name_____

First Name (Legal Name)_____Date of Birth____/____/_____

Street Address_____

City_____State_____Zip Code_____

Email Address_____

Phone Number _____

Please read the disclosure statement: *I understand my individually identifiable information may be shared with and used by Rock Valley Health (RVH) to provide Corporate Wellness services. I understand that my individually identifiable information will not be shared with QCR Holdings; however QCR Holdings will be advised of the fact of my participation. The importance of safeguarding individually identifiable health information is recognized and all organizations involved in this screening are obligated to take reasonable steps to protect such information from unauthorized access or use.*

Signature_____Date _____/____/_____

SECTION 2: TO BE COMPLETED BY YOUR PHYSICIAN (PLEASE PRINT)

Examination Date____/____/_____

Height_____Weight_____

Waist Circumference_____inches

Body Fat %_____

Total Cholesterol_____mg/dl

HDL Cholesterol_____mg/dl

LDL Cholesterol_____mg/dl

Triglycerides_____mg/dl

Fasting Glucose_____mg/dl

Hours Fasted_____

Blood Pressure_____mm/Hg

Physician's Signature (or stamp)_____

Physician's Name (print)_____

Physician's Address_____

Your privacy is protected: *QCR Holdings never has access to your Health Screening results. Rock Valley Health's Corporate Wellness program is completely confidential and will only provide QCR Holdings with aggregate group data that is not identifiable to any individual.*

Submit completed off-site Biometric Screening form by October 10th to:

Rock Valley Health- Corporate Wellness
1700 N. Division Street, Suite 200 | Davenport, IA 52804
Fax (319) 984-8580 or **Email -** healthinfo@rockvalleypt.com
If you have any questions or need additional assistance, please call (563) 324-0008.