

# City of Raleigh - Consent to Biometric Testing & Results



**First Name:** \_\_\_\_\_ **Middle Initial:** \_\_\_\_\_  
**Last Name:** \_\_\_\_\_ **Retiree? Yes** \_\_\_ **No** \_\_\_  
**Today's Date:** \_\_\_ / \_\_\_ / \_\_\_ **COR Employee ID#:** \_\_\_\_\_ **Date of Birth:** \_\_\_ / \_\_\_ / \_\_\_  
**Department/Division:** \_\_\_\_\_ **Social Security # (Last 4 Digits):** \_\_\_\_\_

**Consent to Participate: Voluntary Participation:** I want to participate in the biometric screening offered by the City of Raleigh and authorize Rex Hospital, Inc. D/B/A UNC REX Healthcare and D/B/A Rex Wellness Center and its agents and employees (collectively, "Rex") to collect my body measurements. I understand that my participation is completely voluntary. **Blood Test:** I want to know my total cholesterol, HDL cholesterol, LDL cholesterol, triglycerides and glucose levels and authorize Rex to obtain blood from me for these tests and no other. **Use of Screening Results:** I understand that this biometric screening may provide a better understanding of my overall health and lifestyle habits. I further understand that this biometric screening, including any blood tests or other body measurements, is meant to be educational and is not meant to diagnose illness or replace normal health care. If I have a question about a specific illness or condition, or if my test results suggest that I may be at increased risk, I understand that I should consult my personal physician. **Consent to Disclosure:** I understand that the information gathered through this screening is being obtained by Rex. Rex may use and disclose to HealthAware the information obtained during the screening to provide health management services to me. I understand that, in addition to any personal information disclosed, aggregate survey results, without any identifiable personal information, may be available to City of Raleigh for program reporting purposes. Rex and/or HealthAware may provide my name, department and Employee ID to City of Raleigh in order to track my program participation. However, I understand that City of Raleigh is prohibited from using information gathered through my participation to affect my employment and that any further access to my personal information by City of Raleigh may be made without my written consent. Except for these types of uses, my Personal Information will be treated as completely confidential.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please keep these screening results in a safe place. Screening results will not be maintained by Rex or entered into your electronic medical/health records (EMR/EHR) unless you provide them directly to your medical provider and request him/her to do so. Rex will not be able to provide additional copies.**

Biometrics	Your Results	Goals
Total Cholesterol	___ ___ ___ mg/dL	<200 mg/dL
LDL	___ ___ ___ mg/dL	<130 mg/dL Ideally <100 mg/dL
Non-HDL Cholesterol	___ ___ ___ mg/dL	30 mg/dL greater than LDL goal (<160 mg/dL; ideally <130 mg/dL)
HDL	___ ___ ___ mg/dL	>40 mg/dL Ideally >60 mg/dL
Triglycerides	___ ___ ___ mg/dL	<150 mg/dL
Cholesterol/HDL Ratio	___ . ___	Women: ≤4.5 Men: ≤5.0
Glucose*	___ ___ ___ mg/dL	Fasting: 69-99 mg/dL Non-Fasting: <200 mg/dL <i>*Only your physician can diagnose diabetes. If your blood glucose is less than 60 mg/dL or greater than 300 mg/dL, notify your physician immediately.</i>
Blood Pressure**	___ ___ ___ / ___ ___ ___ mmHg	Ideal/Normal: <120/80 Pre-hypertension: 120/80-139/99 Hypertension 1: 140/90-159/99 Hypertension 2: >160/100 <i>**Only your physician can diagnose high blood pressure. If your blood pressure is 160/100 mm/Hg or greater, notify your physician immediately.</i>
Waist	___ ___ . ___ inches	Women: < 35.0 in Men: <40.0 in
Height	___ feet ___ . ___ inches	n/a
Weight	___ ___ ___ . ___ pounds	Variable

Physician signature required for employees/retirees opting for health coaching only: \_\_\_\_\_