

**Must be submitted by May 17, 2024**

Alternate Biometric Screening Form  
Forsyth County Government Wellness Program

**To be completed by Wellness Program participant:**

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

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

Employee ID (Retirees): \_\_\_\_\_ Last 4 of SSN (Spouses): \_\_\_\_\_

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**To be completed by healthcare provider (all fields are required):**

**Date of Biometric Collection:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Height: \_\_\_\_ ft. \_\_\_\_ in. Weight: \_\_\_\_ lbs

Blood Pressure: \_\_\_\_ / \_\_\_\_

Waist circumference: \_\_\_\_\_

**Date of Lab Draw:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Total Cholesterol: \_\_\_\_\_

HDL: \_\_\_\_\_ LDL: \_\_\_\_\_ Triglycerides: \_\_\_\_\_

Glucose: \_\_\_\_\_ A1C: \_\_\_\_\_

Fasting: **Fasting** or **Non-Fasting** (circle one)

Printed name of healthcare provider: \_\_\_\_\_

Signature of healthcare provider: \_\_\_\_\_

NPI: \_\_\_\_\_ Date / Time: \_\_\_\_\_

Once completed, please:

Fax this form Attention: Sarah Swertfeger to (336) 716-1635 or

Scan and email to [fcgwellness@wakehealth.edu](mailto:fcgwellness@wakehealth.edu) or

Mail to Sarah Swertfeger at, BestHealth for Business, Box573232, Medical Center Blvd, Winston-Salem, NC 27157