A biometric screening is a brief health exam that collects basic body measurements and a small blood sample. Your screening takes less than 20 minutes, and you will learn your health numbers, including the following:

- Height and weight
- Body mass index (BMI)
- Systolic and diastolic blood pressure
- Cholesterol level
- Blood glucose level
- Triglycerides level

With a few simple measurements and a quick blood sample taken from your finger, you will learn of any health risks and how you can address them.

**On-Site Wellness Screening:**

To schedule your on-site wellness screening, visit Unity Point’s [website](#).

Username: citydm  
Password: screen19

**Physician Form:**

If you have completed your health screening with your physician between January 1 and June 20, 2019, you have the option to send your results directly to Unity Point in lieu of completing your health screening on-site. If you choose to use your physician data, it is your responsibility to send your results to Unity Point by June 20, 2019. You are responsible for any out-of-pocket costs associated with your office visit.

**On-site Screening Guidelines:**

- Please allow approximately 20 minutes for your screening.
- **12 hours of fasting** are required to ensure accurate results. This means no food or beverages except water for at least 12 hours prior to your screening time.
- Prescription medications should be taken as normal. Please notify Unity Point during the screening if you were advised to take food with medication.
- Drink plenty of water! At least eight 8-ounce glasses of water, one to three days prior to the screening is recommended; dehydration causes a falsely elevated body fat reading.
- Avoid heavy activity and caffeine for 12 hours and alcohol for 24 hours prior to your screening.
- Bare feet will be required during the body composition analysis.
2019 Physician Form City of Des Moines

City of Des Moines employees have the option of completing UnityPoint health screenings or visiting their physician to have the following tests done for health insurance premium savings. **All biometric data must be obtained between 01/01/2019 –06/20/2019.** All information must be completed for this to be accepted. It is the employee’s responsibility to ensure the form is **completed in its entirety** prior to submission.

Name _________________________________ Gender ________ Date of Birth _____ / _____ / _____

Address _______________________________________________________________________________

Phone # ___________________________ Email _____________________________________________

**Are you taking medication for:**

Blood Pressure: □ Yes □ No
Cholesterol: □ Yes □ No
Diabetes: □ Yes □ No

**ALL BIOMETRIC DATA IS REQUIRED FOR WELLNESS INCENTIVE SAVINGS**

This section to be completed by Medical Clinic Staff

<table>
<thead>
<tr>
<th>PHYSICAL DATE:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood Pressure</td>
<td>Total Cholesterol</td>
</tr>
<tr>
<td>Height</td>
<td>HDL</td>
</tr>
<tr>
<td>Weight</td>
<td>LDL</td>
</tr>
<tr>
<td>Waist</td>
<td>Triglycerides</td>
</tr>
<tr>
<td></td>
<td>Glucose</td>
</tr>
</tbody>
</table>

Clinic Name ___________________________________________ Phone_________________________

Clinic Staff Signature __________________________________ Date _______________________

Authorization Signature: (to be signed by the person whose biometric data is being disclosed)

Employee Signature __________________________________ Date _______________________

Return completed form no later than 6/20/2019 to UnityPoint Health – Des Moines Employee Wellness Department:

**Scan/Email:**
Jennifer.Umphfleet@unitypoint.org

**Fax:** (515) 241-6096
attn. Jen Umphfleet