2025

MD BIOMETRIC FORM - STEP 2

MEMBER NAME:	**EMPLOYER:**
ADDRESS:	**PHONE NUMBER:**
DATE OF BIRTH:	**EMAIL ADDRESS:**

Blood Work Fasting? Yes / No **Gender: __Male __Female** **Female-Currently Pregnant: ___ Yes ___No**

Health Measure:	Date	Results:	Exceptions:
Current Smoker Smoking Cessation Counseling		____YES ___ NO ____Completed ____Declined	
BMI Waist Circumference (optional)		Height =_____ Inches Weight=_____ Pounds _____ Inches	If pregnant use pre-pregnancy information
Blood Pressure		_____ mmHg	___ Taking blood pressure medication
Fasting Total Cholesterol HDL: LDL: Triglycerides: Chol/HDL		_____mg/dl _____mg/dl _____mg/dl _____mg/dl **Ratio** _____:_____	
Glucose HbA1c (optional – physician's discretion)		Fasting Blood Sugar: _____mg/dl _____%	___ Diagnosed Diabetic

HEALTH SCREENINGS	COUNSELING	IMMUNIZATIONS	COUNSELING
○ Prostate	__Yes __No __Declined	○ Flu	__Yes __No __Declined
○ Breast Cancer	__Yes __No __Declined	○ Pneumococcal Vaccine	__Yes __No __Declined
○ Cervical Cancer	__Yes __No __Declined	○ Pertussis Update	__Yes __No __Declined
○ Colorectal Cancer	__Yes __No __Declined	○ Shingles	__Yes __No __Declined
○ Skin Cancer	__Yes __No __Declined	○ HPV Vaccine	__Yes __No __Declined

Health Practitioner Signature or Office Stamp: _____ Date: _____

Health Practitioners Phone Number: _____

All information will be kept confidential within the Wellness Program and specific results of an individual will not be shared. Information will be included in the individuals Health Action Report provided at the completion of the Personal Health Profile. The submission of this completed form will be noted and that information used to towards the administration of incentive reward.

☐ **Permission to Release this completed form to the Wellness Office at Empire State Highway Contractors Assn, Inc. Please fax it to the attention of the Wellness Coordinator at 315-895-5307**

Members Signature: _____ Date: _____

Risk Factor	Defining Criteria
Age	Men ≥ 45 yrs; Women ≥ 55 yrs
Family History	Heart attack, 'Bypass surgery', or sudden death before the age of 55 yrs for father/brother; or before 65 yrs for mother/sister.
Cigarette smoking	Current smoker, or have quit < 6 months, or is exposed to environmental smoke.
Sedentary lifestyle	Not participating in moderate (that makes you sweat) physical activity at least 3 days/week for 3-months.
Obesity	Body mass index ≥ 30 kg/m^2 *or* waist girth > 102 cm (40 in) for men and > 88 cm (35 in) for women.
Hypertension	Systolic Blood Pressure ≥ 140 mmHg and or Diastolic ≥ 90 mmHg, or taking medication.
Dyslipidemia	LDL ≥ 130 mg/dl, or HDL < 40 mg/dl, or taking medication. Or TC > 200 mg/dl
Pre-diabetes	IFG ≥ 100 mg/dl *or* OGTT ≥ 140 and ≤ 199 mg/dl confirmed by two different measurements.
Negative Risk Factor	
HDL	≥ 60 mg/dl

ACSM's Guidelines for Exercise Testing & Prescription. LWW, 2014 (p. 27).