



# Ready to Reach Your True Potential?

2023 Screening Guide



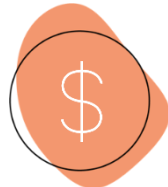


# Sign up today!

**WHAT IS THE WELLBEING ASSESSMENT?** It's a two-part review of your current overall wellbeing. It includes a simple **biometric screening** that is done onsite, at an outside lab or with your physician. Screenings check your blood pressure and 37 different components of your blood, including cholesterol, blood sugar, kidney, liver and other functions, to give you a complete view of your physical wellbeing. There's also an online **Health & Lifestyle Survey** that asks questions about the physical, emotional, social and financial aspects of your life and what your lifestyle choices mean to your current state of wellbeing.



All employees and spouses on the health plan are eligible to participate in the wellbeing assessment!



There is no out-of-pocket cost to you!



Employees and spouses who participate in the wellbeing assessment will be eligible to earn a \$75 Visa gift card!

## Screening Options



Onsite at your workplace



Test at a Lab



Physician Screening

## Onsite Screening Dates



Onsite screenings are a convenient way to get your health journey started. Our team of phlebotomists come to your organization and perform a blood pressure check and blood draw.

Saturday, October 14th

7:30 am - 11:30 am

Training Center

## Test at a Lab



Appointments may be required at select labs. Please go to [www.labcorp.com](http://www.labcorp.com) to find a facility nearest to you or visit the Benefits Center on your CHC portal to find a list of qualified non-LabCorp facilities. Remember, you must register with CHC Wellbeing first in order to access the paperwork you need for your lab appointment.

Visit a LabCorp Facility or other qualified lab by November 30, 2023.

## Physician Screening



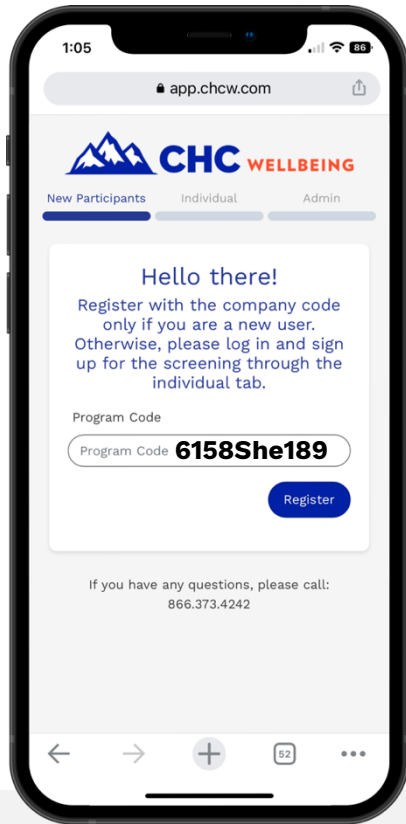
If you are unable to attend an onsite event or remote screening you may complete your screening with your physician and register for the physician screening option. Please have your physician fill out the form listed at the end of this guide and returned to you so you may upload it to your portal.

Visit your physician and submit your test results by November 30, 2023.

**Note: Only labs drawn between 1/1/2023 – 11/30/2023 will be accepted.**



To register for the screening, go to [app.chcw.com](https://app.chcw.com).  
Please have your insurance ID card available to register.



## New Members

1. Enter your program code **6158She189** under the “New Participants” tab and select “Register”.
2. Enter in your last name, date of birth, and the last four digits of your social security number.
3. Enter in your mobile number to receive a verification code and enter in that code to proceed.
4. Follow the prompts to verify your personal information, schedule your screening and complete the Health & Lifestyle Survey.

## Returning Members

1. Enter your username & password under "Individual Login" and select "Log in."
2. Complete the activity cards under “Today’s Activities” on your dashboard to successfully register for the screening.

**ONSITE:** Attend your onsite appointment to complete your screening.

**TEST AT A LAB:** Print or pull up on your phone your instruction and requisition form and present at a LabCorp facility to complete your screening.

**PHYSICIAN SCREENING:** Print your physician screening forms and bring or send them to your physician to fill out. Once completed, upload your results to your CHC portal by selecting "Upload Your Results" on the "Complete the Health Screening" card.



## You're successfully signed up for the screening!

If you need help, call 866-373-4242 to sign up for the screening over the phone.



**This is a fasting test!** For the most precise results, you should fast 10-12 hours before testing. You cannot eat but may drink black coffee or tea (no cream or sugar). If you are on prescription medication, please take your medication as instructed by your physician. If you are diabetic or hypoglycemic, consult your physician for fasting instructions. Be sure to drink plenty of water.

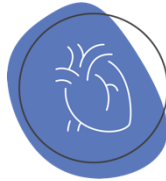


# Your Screening



## KIDNEY DISEASE

- BUN
- Creatinine
- BUN/ Creatinine Ratio
- Phosphorus
- Sodium
- Potassium
- Chloride
- Carbon Dioxide
- eGFR



## HEART DISEASE & STROKE

- Blood Pressure
- Triglycerides
- Total Cholesterol
- T. Cholesterol/HDL Ratio
- HDL Cholesterol
- LDL Cholesterol
- Calcium
- VLDL Cholesterol
- Estimated CHD Risk



## LIVER & GALLBLADDER

- Bilirubin, Total
- Bilirubin, Direct
- Alkaline Phosphatase
- AST
- ALT
- LDH
- GGT
- Albumin
- Protein, Total



## ANEMIA, INFECTIONS & CERTAIN CANCERS

- Iron
- Platelet Count
- Hemoglobin
- Hematocrit
- Globulin, Total
- A/G Ratio
- RBC: MCV, MCH, MCHC, RDW
- WBC: Neutrophils, Lymphocytes, Monocytes, Eosinophils, Basophils, Immature Granulocytes



## DIABETES

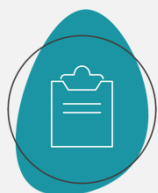
- Glucose



## NUTRITIONAL & GASTROINTESTINAL DISORDERS

- Uric Acid

\* Tests completed may vary on screening type.



## HEALTH & LIFESTYLE SURVEY

The CHC Wellbeing research-based Health & Lifestyle survey is a questionnaire that assesses lifestyle choices to better evaluate your overall health.

# Got Questions?

# We Have Answers!

For more information call



866-373-4242



**How do I update my onsite appointment or access the forms for a LabCorp or Physician screening?** Select the 'Complete Your Screening' card under 'Today's Activities' update your appointment time/location or access the forms needed for a LabCorp or Physician screening. **NOTE:** You must complete your health & lifestyle survey first in order to access your forms.



**What data should I have ready when completing the Health & Lifestyle Survey?** When completing the Health & Lifestyle Survey online or at the screening, you will be asked to submit your height, weight, and waist measurements. If you are unsure of your waist measurement, use a measuring tape to measure your waist's circumference, which is slightly above your belly button.



**What if I am unable to attend the onsite screening?** You can still complete an assessment at an offsite location. Follow the instructions on page two of this guide to sign up on the CHC portal. When prompted to select a location, click "remote" for your screening appointment. Print out the two forms that you will need to take to a local LabCorp facility. You must visit a local LabCorp facility by November 30, 2023.

*Note: Blood pressure readings may not be available to be taken at remote laboratory locations. You will be prompted to enter it during registration. If a blood pressure measurement is not entered, you will be marked as unknown. This may also disqualify you from an incentive which may be offered by your company. We encourage you to visit a local pharmacy, physician, etc. to get a reading completed.*



**Can I send a copy of my results to my physician?** YES. If you would like to send a copy of your lab results to your physician, please provide your doctor's first and last name and fax number when you schedule your screening. You can also bring this information to the onsite screening or fax your results to your physician at any time on your CHC Wellbeing portal.



**Is the wellbeing assessment confidential?** All of your results are confidential and protected by federal law. CHC does NOT send your individual health data to your employer or insurance provider. Your employer will only view de-identified, aggregated health data from wellness participants. In addition, CHC will not, under any circumstances, sell or rent your health data to any outside third party. To learn more about how your health data is protected, go to **[hhs.gov/hipaa](https://hhs.gov/hipaa)**.



**When will my results be available?** You will have access to your results and other health information online at [app.chcw.com](https://app.chcw.com) within 3-5 days after your screening.



**Is this a drug test?** NO. Your wellbeing assessment is intended to help detect the early stages of disease and disorders only.

**Wellbeing Screening Results- Physician Form  
Sheet Metal Workers Local 71 Healthcare Fund**



Dear Physician,

Your patient is participating in a voluntary health risk appraisal (including biometric screening) provided through their employer (or spouse's employer). This program is designed to educate, encourage and enable your patient to adopt and maintain behaviors related to a healthy lifestyle. As a portion of this program, your patient has been asked to visit their personal physician to complete a full biometric screening panel including a CMP, CBC and Lipid panel. Please see the following sections of this document for the patient attributes required for this program. Please note that all personal health information collected through this program shall remain confidential and not be shared with anyone, including the sponsoring employer. The employer will only be told the patients incentive level in order to provide the incentive tied to the patient's health status. The employer will never be provided with a patient's specific health information.

Please ensure that you provide all data in the "REQUIRED INFORMATION" Sections 1 & 2. The biometric information requested in Section 3 is strongly recommended since your patient will be able to trend these biometric factors over time on their personal health portal that is provided as a part of this program.

**Physician Verification**

I hereby certify that the patient, listed below, is under my care and that the biometric information provided below is up to date and accurate.

**Patient Information**

Full name (please print):		Last 4 of SSN:	
Phone Number:		Company Name:	
Date of Birth (mm/dd/yyyy):		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female

**Section 1: Patient attributes (REQUIRED INFORMATION)**

Weight:	_____ lbs.	Waist Circumference:	_____ inches
Height:	_____ feet _____ inches	Blood Pressure:	(Sys.) _____/(Dia.) _____

**Section 2: Patient attributes (REQUIRED INFORMATION)**

Test:	Results:	Test:	Results:
Glucose	_____ mg/dL	Triglycerides	_____ mg/dL
Cholesterol, Total	_____ mg/dL	HDL Cholesterol	_____ mg/dL
		LDL Cholesterol	_____ mg/dL

**Section 3: Patient attributes (STRONGLY RECOMMENDED\*)**

<b>Test:</b>	<b>Results:</b>	<b>Test:</b>	<b>Results:</b>
*Uric Acid	_____ mg/dL	*Blood Urea Nitrogen (BUN)	_____ mg/dL
*Creatinine	_____ mg/dL	*BUN/Creatinine Ratio	_____
*Protein, Total	_____ g/dL	*Albumin	_____ g/dL
*Bilirubin, Total	_____ mg/dL	*Bilirubin, Direct	_____ mg/dL
*Alkaline Phosphatase	_____ IU/L	*AST (SGOT)	_____ IU/L
*ALT (SGPT)	_____ IU/L	*Iron	_____ ug/dL
*Hemoglobin	_____ g/dL	*Hematocrit	_____ %
Sodium	_____ mmol/L	GGT	_____ IU/L
Potassium	_____ mmol/L	Total Cholesterol/HDL Ratio	_____
Chloride	_____ mmol/L	WBC	_____ x10E3/uL
Carbon Dioxide	_____ mmol/L	RBC	_____ x10E3/uL
Calcium	_____ mg/dL	MCV	_____ fL
Phosphorus	_____ mg/dL	MCH	_____ pg
Globulin	_____ g/dL	MCHC	_____ g/dL
Albumin/Globulin Ratio	_____	RDW	_____ %
LDH	_____ IU/L	Platelets	_____ x10E3/uL

**Physician Information & Signature**

Physician Name (printed):			
Physician's Signature:		Date:	
Physician's Work Phone:			
Physician's TIN #:			
Date of Lab work:			

**Physician Comments (optional)**

Please use the space below to make any additional comments.