

# MSD Washington Township Physicians Option Form

## 2025 Biometric Screening Form



### NOTICE TO PATIENT

Please fill out the top portion of this form and take it to your medical provider when you complete your annual physical with labs/biometric screening. This activity must occur between **January 1, 2025** and **December 31, 2025** to count towards the 2025 MSD Washington Township biometric screening requirement. Once completed by your provider, it is YOUR responsibility to return this form to Marathon Health at the contact information below. BY COMPLETING THIS FORM AND SUBMITTING IT TO MARATHON HEALTH, YOU CONSENT TO THE DISCLOSURE BY MARATHON HEALTH TO MSD WASHINGTON TOWNSHIP THAT YOU HAVE COMPLETED THE ACTIVITIES DESCRIBED BELOW. You may revoke your consent to this disclosure at any time by sending us a notice in writing. Your revocation will not apply to information already disclosed by Marathon Health pursuant to this verification form.

TODAY'S DATE

PATIENT NAME (Please Print Clearly)

PATIENT DATE OF BIRTH

### NOTICE TO PROVIDER

Your patient has an opportunity to complete an annual physical with labs/biometric screening as a part of their employer or group health plan's wellness incentive program. Please complete the section below to verify that you have provided services to this patient.

QUALIFYING PROGRAM ACTIVITY	DATE OF EXAM	PROVIDER INITIALS
ANNUAL PHYSICAL		
ANNUAL HEALTH SCREENING CRITERIA	DATE TEST ADMINISTERED	RESULTS
BODY MASS INDEX (BMI)		Height _____ in. / Weight _____ lbs
WAIST CIRCUMFERENCE		Value: _____ in.
BLOOD PRESSURE		Value: _____ / _____ mmHg
TOTAL CHOLESTEROL		Value: _____ mg/ dL
HDL CHOLESTEROL		Value: _____ mg/ dL
LDL CHOLESTEROL		Value: _____ mg/ dL
TRIGLYCERIDES		Value: _____ mg/ dL
HEMOGLOBIN A1C OR GLUCOSE		Value: _____ % or _____ mg/dL
TOBACCO USE		YES: _____ NO _____
		Check this box for exemption if patient is currently pregnant or postpartum (under 1 year) <input type="checkbox"/>

PROVIDER SIGNATURE

PLEASE PRINT (OR PROVIDER STAMP)

**Submission Instructions:** Please upload this form to the Marathon Health Portal by **December 31, 2025**. To submit your form, click the "Upload Incentive Form" button within the incentive activity. Once submitted, your form will show as "Form Under Review" until approved by an incentive administrator. Credit will be awarded within 5 business days of submission.