



Eligibility Form

AMERICAN Cast Iron Pipe Company Participant Instructions:

1. Complete top section of the form and take it to your primary care provider to complete.
2. Fax or mail the completed form to 205-325-4701 or Eagan Center for Wellness ♦ PO Box 2727 ♦ Birmingham, AL 35202
3. It is the participant's responsibility to submit the form to the Eagan Center for Wellness.
4. To measure waist circumference, place end of tape measure at belly button and measure around mid abdomen in inches.

| | | | |
|--|-------------------|---|----------------------|
| <input type="checkbox"/> Employee <input type="checkbox"/> Spouse | Badge #: _____ | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | City/State: _____ |
|--|-------------------|---|----------------------|

| | |
|--|---|
| First Name: <div style="border: 1px solid black; width: 100%; height: 20px;"></div> | Last Name: <div style="border: 1px solid black; width: 100%; height: 20px;"></div> |
|--|---|

| | | |
|---|------------------------------------|---------------------------------|
| Date of Birth (MM/DD/YYYY): ____/____/____ | Day Telephone: (____) ____-____ | Waist Circumference: _____in |
|---|------------------------------------|---------------------------------|

| | |
|---------------------------------|-------------------------|
| Participant Signature: _____ | Email Address: _____ |
|---------------------------------|-------------------------|

Primary Care Provider Instructions:

1. Complete all fields below, and sign the form.
2. Return the form to the patient for submission to the WellBody Wellness Program or fax to 205-325-4701 if requested.
3. If the patient does not meet one or more of the health screening goals listed below, document the goals and patient actions in the participant health improvement plan on the second page of this form.

| HEALTH SCREENING GOALS | | PARTICIPANT MEASUREMENTS | |
|---|--|--|--|
| Height/Weight: Body mass index <30 Blood Pressure: <140/90 mm/Hg | MEDS BP <input type="checkbox"/> | Height: _____in Weight: _____lbs BMI: _____ | |
| Triglycerides: <150mm/dl | TRG <input type="checkbox"/> | BP: _____/_____ mm/Hg Triglycerides: _____ mm/dl | |
| Cholesterol: Total <200, LDL <160, HDL>40 | CHOL <input type="checkbox"/> | LDL: _____ HDL: _____ Total: _____ | |
| Blood Glucose: Fasting <100 Patients with Diabetes, A1C <7% | BG <input type="checkbox"/> | FBG: _____ (Diabetic and non-diabetic) A1C: _____ (Diabetic) | |
| Tobacco Use: Non-tobacco user (never used or quit >6 months) | <input type="checkbox"/> Tobacco User <input type="checkbox"/> Non-tobacco User | Type: <input type="checkbox"/> Cigarettes <input type="checkbox"/> Cigars <input type="checkbox"/> Smokeless | |
| Primary Care Provider Last Name: _____ | Primary Care Provider First Name: _____ | City/State: _____ | |
| Primary Care Provider Signature: _____ | Primary Care Telephone: (____) ____-____ | Exam Date: ____/____/____ | |

Fax completed form to 205-325-4701 ♦ Questions? Please call 205-307-2745.

Primary Care Provider Instructions:

If the participant does not meet one or more of the health screening goals listed on the front page, please document your recommendations below.

| SELECT HEALTH RISK(S) | RECOMMENDED GOALS |
|---|--------------------------|
| <input type="checkbox"/> Weight | |
| <input type="checkbox"/> Elevated Blood Pressure | |
| <input type="checkbox"/> Elevated Cholesterol and Triglycerides | |
| <input type="checkbox"/> Elevated Blood Glucose or Diabetes | |
| <input type="checkbox"/> Tobacco Use | |
| <input type="checkbox"/> Sedentary Lifestyle | |

RECOMMENDED ACTIONS TO MEET GOALS

- 1.
- 2.
- 3.

RECOMMENDATIONS FOR FOLLOW-UP VISIT**Week(s)/ Month(s)/ Year(s) (circle one)**

Note: WellBody at AMERICAN is committed to helping you achieve your best health. Rewards for participating in this program are available to all employees and spouses. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact Wellness at 205-307-2745 and we will work with you to develop another way for you to qualify for the reward.