



Biometric Screening Consent Form

I hereby consent to the below mentioned screening(s) and I understand that the data derived from screenings are not diagnostic. Initiating a follow-up examination with my primary care provider to confirm screening results is my responsibility. I hereby release Hy-Vee, its employees, and the sponsoring organization paying or making available the screening services, from all liability arising from or in any way connected with these screenings or from the derived data.

Mark one: Customer Hy-Vee Employee Hy-Vee Spouse

Name: _____
(Please print as it appears on insurance card)

Date of Birth: _____ Gender: Male Female Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

Screenings Available:

Patient Fasting (9-12 hours): Yes No

Pregnant: Yes No

Measurement	Your Numbers	Normal Range
Total Cholesterol		< 200 mg/dl
LDL Cholesterol		< 130 mg/dl Diabetes goal: < 100 mg/dl
HDL Cholesterol (*)		Men: > 40 mg/dl Women: > 50 mg/dl
Non-HDL Cholesterol		< 160 mg/dl Diabetes goal: < 130 mg/dl
Triglycerides (*)		< 150 mg/dl
TC/HDL Ratio (total cholesterol to HDL)		< 4.5
Serum Glucose (*)		<100 mg/dl Low risk for diabetes 100-125 mg/dl Pre-diabetes ≥126 mg/dl High risk for diabetes
Blood Pressure (*)		120-139/80-89 mmHg Pre-hypertension >140/90 mmHg High risk for hypertension
Heart Rate		60-100 beats/minute
Waist Circumference (*)		Waist (Inches)
Hip Circumference		Hip (inches)
Height		Feet/Inches
Weight		Weight (lbs)
Body Mass Index (BMI)		BMI: 18.5 – 24.9
Body Fat %		See dietitian for additional information

(*) According to the American Heart Association and National Heart, Lung, and Blood Institute, persons with 3 or more risk factors have a significantly higher chance of developing diabetes or heart disease within the next several years.

Screening Performed By: _____ Company/Store Number: _____

FOR OFFICE USE ONLY:

Healthy Lifestyles Policy Holder Information

Name:
Date of Birth:
SSN or Employee ID:

Cholestech LDX Information

Cassette Lot #:
Expiration Date:
Cholestech LDX Serial #: