Annual Physical Screening Form Instructions
Hamilton County Schools WellnessConnect Incentive Program

Completing an annual physical is the first step of the HCS WellnessConnect program to qualify for an insurance premium holiday in 2020. Eligible employees covered under Hamilton County Schools medical benefits who wish to participate in the HCS WellnessConnect program should complete a physical by October 30th, 2020. Employees who complete a physical and have met two of the six activity incentives will earn a premium holiday in December for the employee's insurance premiums only. For more information about the annual physical requirement and to verify you have completed all steps, please log onto your wellness portal at hamiltoncoschools.wellright.com.

For information about the WellnessConnect requirements, please visit hamiltoncoschools.wellright.com.

Step 1: Obtain Your Annual Physical

- **OPTION 1** - Complete a physical at the Hamilton County Schools (HCS) Clinic before October 30th, 2020.
- **OPTION 2** - Complete a physical at your Primary Care Physician's office between November 1st, 2019 - October 30th, 2020. Be sure to bring the Annual Physical Screening Form with you to your appointment. Ensure your provider draws A1c. Talk to your doctor about billing your visit as a preventive exam. To ensure there are no costs associated with your physical or labs, we recommend completing your physical at a HCS Clinic.
- **OPTION 3** - If you have already had a physical in this time-frame, please ask your provider to complete this form.

Step 2: Complete the Annual Physical Screening Form

- When your lab results are available, your physician should complete and sign the Annual Physical Screening Form and return it to you.

Step 3: Submit the Annual Physical Screening Form

- You must upload the completed form to Hamilton County Schools portal hamiltoncoschools.wellright.com. The completed Annual Physical Screening Form MUST be uploaded to your wellness portal (hamiltoncoschools.wellright.com) no later than November 5th, 2020 to meet the HCS WellnessConnect requirements and be eligible for the insurance premium holiday.
- All incentives will be tracked via the Wellness Portal. Log-in to ensure you have satisfied all requirements.

Hamilton County Schools Healthy Living Goals [for reference purposes only]

<table>
<thead>
<tr>
<th>Blood Pressure: less than 140/90</th>
<th>Weight: Body Mass Index (BMI less than 30)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nicotine: Negative</td>
<td>Blood Sugar: HbA1c less than 5.7</td>
</tr>
</tbody>
</table>

If you have questions, please call (423) 558-3111, Monday through Friday 7 am to 5 pm EST. Fax: 423-558-3222 · Phone: 423-558-3111 · Email: patientserviceshcde@121.health
Please allow 7-10 business days for processing before results will appear on https://hamiltoncoschools.wellright.com.
## 2020 Hamilton County Schools
Annual Physical Screening Form

Legal First Name: ____________________________________________

Legal Last Name: ____________________________________________

Birth date: _____ / _____ / ______  Last 4 digits of SS #: _______ _______ _______ _______

Name of person employed by Hamilton County Schools: ____________________________________________

Employer: Hamilton County Schools

Email: ______________________________________________________

Phone: ____________________________________________________

### Health Care Provider – Please complete the following information

Your patient is involved in Hamilton County School’s employer-sponsored health improvement program. One component of this program is participation in a health screening. Your patient has opted to have this screening conducted by you. Please provide the following screening results, as requested below, and return the form back to your patient.

<table>
<thead>
<tr>
<th>Date of Screening:</th>
<th>Weight (lbs):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Height (in):</td>
<td></td>
</tr>
<tr>
<td>BMI (Body Mass Index):</td>
<td>Blood Pressure:</td>
</tr>
<tr>
<td>HbA1c:</td>
<td>Nicotine Lab: Negative ☐ Positive ☐</td>
</tr>
</tbody>
</table>

Healthcare Provider Printed Name:

Healthcare Provider Signature:

Healthcare Provider Phone:

Healthcare Provider Address:

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**Important dates to remember:**

Physical Completion Time Frame: November 1st, 2019 - October 30th, 2020

All incentives must be upload to [hamiltoncoschools.wellright.com](http://hamiltoncoschools.wellright.com) by November 5th, 2020

By completing and submitting the annual screening form, I understand the HCS WellnessConnect requirements.

Patient Legal Name (please print) ____________________________________________

Patient Signature ____________________________________________ Date ________________