KYRKYN

Know Your Risk, Know Your Numbers

START now on your journey to better health
balls food stores

Biometric Screening Results Form

It is ESSENTIAL that you fast for these tests.
The deadline to turn in your biometric results is JULY 31

Name: **Teammate ID:** **Date of Birth:**

Test Date:

THIS FORM HAS TO BE COMPLETED 100% INCLUDING WAIST CIRCUMFERENCE

	Your Numbers	Normal Range
Total Cholesterol		Less than 200 mg/dL*
HDL		Greater than 40 mg/dL*
LDL		Optimal: Less than 100 mg/dL*
Triglycerides		Less than 150 mg/dL*
Fasting Blood Sugar		Fasting: Less than 100 mg/dL** Random: Less than 200 mg/dL**
Blood Pressure		Less than 120/Less than 80*
Pulse		60-100 beats per minute
Height - without shoes (Feet/Inches)		N/A
Weight (Pounds)		N/A
Body Mass Index		18.5 to 24.9*
Waist Circumference		*Metabolic syndrome risk factor:* Less than 35in for women Less than 40in for men*

*National Heart, Lung and Blood Institute **American Diabetes Association

	If screening was completed at *primary care office*: **Fax completed form to Start Now Program (913) 551-8504** Provider Name & Signature:_____ Date: _____	
	If screening was completed at a *Balls Foods location*: **These biometrics were submitted for you on the test date.**	**Name:** **Store #:**

Questions? For more information about your insurance incentive requirements, contact Wellworks For You Support Team **at 800-425-4657** or **www.wellworksforyou.com**