

HEALTH CARE PROVIDER FORM – ROCKWELL AUTOMATION

If you have received biometric screening results from your health care provider between 1/1/2017 and 12/31/2017 you may have your provider complete Step 4 of this form to receive credit in the Rockwell Automation wellness program. Please submit your completed form via secure upload to https://rockwellautomation.uswellness.com, or fax it to 240-477-1641 or mail it to US Wellness at 20400 Observation Drive #100, Germantown, MD 20876 on or before 12/31/2017 at 11:59 PM CST. Receipt of your form will be confirmed within two business days to the email provided below (please print clearly and allow emails from uswellness.com).

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First Name Last Name																												
Date of Birth:										())						Gender:								
(Month) (Day) (Year						ear)		`	Phone Number				ļ						ļ	J	Fe	emale	Male					
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Employee Signature (SIGNATURE REQUIRED) Date STED 3: To be completed by health care provider office (must include at lest one highest update)																												
STEP 3: To be completed by health care provider office (must include at lest one biometric value) Cholesterol Glucose (Blood Sugar) Blood Pressure																												
Total Cholesterol							Glucose (Blood Sugar)																					
HDL Cholesterol LDL Cholesterol									Was patient fasting for more than 8 hours prior to this test? Yes No Date of Test:									Systolic / Diastolic Date of Test:										
т.	ialve	orid	00							(Mon	th)	([Day)		(Year)	1	1	,	(Mc	nth)		(Day)	(Y	/ear)		
Triglycerides Was patient fasting for more than 8 hours prior to this test? Yes No										Waist Circumference inches								Height: (Feet) (Inches) Weight (Ibs):										
Date of Test: (Month) (Day) (Year)										Date of Measurement: (Month) (Day) (Year)								Date of Measurement: (Month) (Day) (Year)										
Health Care Provider Signature Health Care Provider Name Date Phone Number													_															

STEP 4: To be completed by employee (recommended) or health care provider. Please submit your completed form via secure upload to https://rockwellautomation.uswellness.com, or fax it to 240-477-1641 or mail it to US Wellness at 20400 Observation Drive #100, Germantown, MD 20876 on or before 12/31/2017 at 11:59pm PST. If you opted to receive email confirmation, it will be sent to the email address provided above within two business days.