

Live Well at WCIF – 2017 Onsite Health Screening Request Form

Please complete the following request for onsite biometric screening services. The minimum guarantee is 10 participants. Requests for events with less than 10 participants may be granted on a case by case basis. Notification must be given 6 weeks in advance to plan an event. Final participation estimate must be confirmed 7 business days prior to the screening date.

Date Requested: _____

Requested By: _____

“Standard Package” Healthy Heart Biometric Services Include:

- Lipid Profile [TC, HDL, LDL**, Triglycerides**, TC/HDL ratio] ***Fasting only*
- Blood Glucose
- Blood Pressure and Pulse Rate
- Measured Height & Weight and BMI calculation
- Counseling

“Standard Package” Services Include:

- Optional online appointment scheduling for easy participant registration and automated email reminders.
- Client manager who will coordinate with you prior to the event and arrange all logistics
- Onsite medical staff to administer the clinical testing services
- Biohazard waste removal
- Onsite individual biometric results counseling for each event

Group Responsibilities:

- Room(s) of adequate size and lighting
- Tables, non-rolling chairs, wastebaskets, electrical outlets
- Promotional materials distribution
- Assign a coordinator or liaison at each site
- Use the online appointment system, or manual appointment sign up
- The minimum number of screenings per site per event is 10 participants. This number must be confirmed 7 business days prior to screening.

Cancellation Policy: Cancellations to a confirmed event must occur within 7 business days of the scheduled date for reasons not related to Work Well’s performance. Changes in participation estimates must be submitted 7 business days prior to the scheduled date.

QUESTIONS?

Janée Mandery, WCIF Wellness Coordinator
Phone: 360-292-4471 | Email: janee@wcif.net

Request for 2017 Onsite Health Screening



	Onsite Screening Location
Group Name:	
Group Address (Street, City, State and Zip Code):	
Site Contact Name:	
Site Contact Phone Number:	
Site Contact E-Mail Address:	

CLINIC #1

Event Date:	
Start Time:	
End Time:	
# Estimated Participants:	
Appointment Type (Circle One):	Online Appointment System or Paper Based Appointments

CLINIC #2

Event Date:	
Start Time:	
End Time:	
# Estimated Participants:	
Appointment Type (Circle One):	Online Appointment System or Paper Based Appointments

CLINIC #3

Event Date:	
Start Time:	
End Time:	
# Estimated Participants:	
Appointment Type (Circle One):	Online Appointment System or Paper Based Appointments

Many locations can complete screenings in one or two clinics, however please attach additional pages if necessary

E-mail the completed form to: janee@wcif.net

