SOUND HEALTH
& WELLNESS TRUST

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BIOMETRIC SCREENING CONFIRMATION FORM

You may earn $100 of your 2026 HRA funding by having a biometric screening performed between January 1, 2025 and December 31, 2025. Biometric screening consists of blood pressure, cholesterol testing, blood glucose testing and body mass index (BMI). A copy of this completed form will be provided by the Trust Office to your primary care physician to be placed in your medical records.

PLEASE COMPLETE ALL SECTIONS IN FULL

1. PARTICIPANT / PATIENT INFORMATION (To be completed by participant/patient)

Employee Name:_____ Social Security #:_____-_____-_____

Address:_____ City_____ State_____ Zip_____

Patient is: Self ☐ Spouse ☐ Same Sex Domestic Partner ☐

Patient's Full Name: _____ Birthdate:____ /____/_____ Gender: M ☐F ☐

2. PATIENT'S PRIMARY CARE PHYSICIAN INFORMATION (To be completed by participant/patient)

Physician's Name: _____

Address: _____ City _____ State_____ Zip_____

Phone Number: _____

3. BIOMETRIC SCREENING PROVIDED (To be completed by health care provider)

Please mark box and provide results below for each Biometric Screening

☐ Blood Pressure Results: Systolic_____ Diastolic _____

☐ BMI (height/weight) Results: Height_____ Weight _____ BMI _____

☐ Cholesterol test Results: TC_____ HDL_____ TC/HDL ratio_____ LDL _____

☐ Blood glucose test Results: GLU _____

Date Completed: _____

Health care provider name: _____ _____

Print Name, Degree Signature

Address:_____ City_____ State_____ Zip_____

Phone Number: _____

4. CERTIFICATION

I certify that the information on this form is correct and the services were provided as indicated.

_____

PARTICIPANT'S SIGNATURE DATE

Mail this fully completed form to:
Sound Health & Wellness Trust
Attn: HRA Funding
11724 NE 195th St. Suite 300
Bothell, WA 98011-3145
Or
Fax to: (206) 285-1701