

**SOUND HEALTH  
& WELLNESS TRUST**

11724 NE 195th St. Suite 300 (206) 282-4500 [www.soundhealthwellness.com](http://www.soundhealthwellness.com)  
Bothell, WA 98011-3145 (800) 225-7620

**BIOMETRIC SCREENING  
CONFIRMATION FORM**

You may earn \$100 of your 2027 HRA funding by having a biometric screening performed between January 1, 2026 and December 31, 2026. 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 195<sup>th</sup> St. Suite 300  
Bothell, WA 98011-3145  
Or  
Fax to: (206) 285-1701