Dear faculty and staff,

Congratulations on taking steps toward improving or maintaining your health! WellBAMA, the University of Alabama’s signature wellness program for employees, is designed to promote health and improve quality of life. This annual program includes free health screening (blood pressure, cholesterol, triglycerides, glucose, weight and height), health coaching, and access to health related resources.

We are pleased to continue WellBAMA Rewards throughout 2017. In their first year of participation, UA faculty and staff receive a $25 direct deposit and become eligible for up to $125 the following year, based upon their health score. We will be sharing additional information with participants at the upcoming WellBAMA event.

We welcome your annual participation in our WellBAMA health screening event – at either a campus health screening event or coordinated with your health care provider. If you are interested in participating in the WellBAMA Rewards program with your health care provider, please complete the following steps.

1. Print off this page and the accompanying two pages.
2. Schedule an appointment with your health care provider and take a copy of this form to your health care provider – completing the top section of the first page and having your health care provider complete the remaining sections.
3. Once the WellBAMA Qualification Form has been completed by your health care provider, please mail or fax the forms to:

MAIL:  
Office of Health Promotion and Wellness  
The University of Alabama  
Attn: WellBAMA Coordinator  
Box 870367  
Tuscaloosa, AL  35487

FAX:  
(205) 348-6238  
Attn: WellBAMA Coordinator

The deadline for participating in the WellBAMA Rewards program is December 16, 2017. If you have any questions or need additional information, please contact our office. We look forward to your participation.

Warm regards,
Carolyn MacVicar, Office of Health Promotion and Wellness
cmacvicar@fa.ua.edu  | 348-0077
Tobacco use causes issues such as: lung cancer, Chronic Obstructive Pulmonary Disease, plaque in the arteries, premature aging, increased heart rate and blood pressure.

Exercise
How many days per week?
Moderate intensity = thirty+ minutes
By having an active lifestyle you are able to improve your risk of heart disease, cancer and diabetes.
Engage in activity five days a week for 30 minutes.

Tobacco Use
☐ Yes ☐ No
(If yes, please check specific type)
Current user or quit < 6 months
☐ cigarettes ☐ pipe ☐ dip/chew Quit in the last 6-12 months Never used or quit >6 months
Tobacco use causes issues such as: lung cancer, Chronic Obstructive Pulmonary Disease, plaque in the arteries, premature aging, increased heart rate and blood pressure.
OHPW has trained tobacco cessation specialist available to assist in the quitting process.
Health Care Provider instructions:
If the member does not meet one or more of the health measure criteria listed on the front page, document the member health improvement plan below.

The member health improvement plan must include:
✓ Goals of the Plan
✓ Patient actions to modify behavior, lifestyle or adherence to medical recommendations
✓ Follow up visit plan established in accordance with physician recommendations

<table>
<thead>
<tr>
<th>Select Health Risk(s)</th>
<th>Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Blood Pressure Control</td>
<td>≤ 140/90 (both systolic and diastolic)</td>
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</table>
| □ Cholesterol and Triglyceride (TG) Lowering | LDL ≤ 180
HDL ≥ 40 (male) ≥ 50 (female)
Triglycerides < 150
TOTAL ≤ 200 |
| □ Blood Glucose/Diabetes Management          | Normal fasting blood sugar OR patients with diabetes A1C < 8%          |
| □ Weight Loss                                | BMI < 30                                                               |
| □ Tobacco Use                                | No tobacco use                                                        |

Select Health Risk(s)

Goals:

Patient’s Actions:

Recommendations for follow-up visit:

Health Care Provider Last Name | Health Care Provider First Name | Health Care Provider Signature | Date (MM/DD/YYYY) |
-------------------------------|--------------------------------|--------------------------------|-------------------|
Employee Last Name             | Employee First Name            | Employee Signature            | Date (MM/DD/YYYY) |

Box 870367, Tuscaloosa, AL 35487 | email: wellness@ua.edu
web: wellness.ua.edu | phone: (205) 348-0077 | fax: (205) 348-6238

Please mail or fax your completed Qualification Form to the Office of Health Promotion and Wellness upon completion.