



The University of Alabama WellBAMA Qualification Form Instructions

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

WellBAMA Qualification Form

The University of Alabama faculty & staff instructions: Complete this part of the form and take it to your health care provider to complete. Fax or mail the completed form to (205) 348-6238 or WellBAMA Health Promotion & Wellness Program, Box 870367, Tuscaloosa, AL 35487		Exam Date / /
Last Name		First Name
Contact Number () -	Date of Birth (MM/DD/YYYY) / /	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Signature		Email Address
My preferred form of contact by the Office of Health Promotion and Wellness is via: <input type="checkbox"/> Phone <input type="checkbox"/> Inter Campus Mail <input type="checkbox"/> Email <input type="checkbox"/> Fax		

Health Care Provider instructions:
Complete all the fields below in the 'Biometric Values' portion, and sign this form. Return the form to the employee/health plan member for submission to the WellBAMA Wellness Coordinator. If the employee/health plan member does not meet one or more of the health measure criteria listed below, document the goals and patient actions in the member health improvement plan on the 2nd page of this form.

Your WellBAMA program is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact the WellBAMA Coordinator (348-0077), cmacvicar@fa.ua.edu and we will work with you (and, if you wish, your doctor) to find a wellness program with the same reward that is right for you, in light of your health status.

Height: feet inches Weight: Lbs. **Fasting:** Yes No Pregnant: Yes No

Biometric Screening	Biometric Values	Value Range	Description	General Recommendations
BMI (Body Mass Index)		Good: 24.9 or less Acceptable: 25 – 29.9 Borderline: 30 – 34.9 Unhealthy: Over 35	Height to weight ratio that is an indicator of health risk.	You can lose fat weight by eating a well-balanced, low-fat diet, get active and exercise regularly.
Blood Pressure	On Medication <input type="checkbox"/> Yes <input type="checkbox"/> No	<120/80 Normal 120-139/80-89 Borderline >140/90 High >160/115 High	The higher number (systolic) represents the pressure while your heart is beating. The lower number (diastolic) represents the pressure when your heart is resting between beats.	Check BP every year at physical with health care provider.
Total Cholesterol	On Medication <input type="checkbox"/> Yes <input type="checkbox"/> No	<200 mg/dl Normal 200-239 mg/dl Borderline High >240 mg/dl High	Total cholesterol is a total measurement of the many different kinds of fat or lipids present in your blood.	Check cholesterol yearly if within normal ranges. If outside of normal ranges, consult with health care provider.
LDL Cholesterol		<130 mg/dl Normal 130-160 mg/dl Borderline High >160 mg/dl High	Low density lipoprotein if unhealthy fatty substances in the blood.	
HDL Cholesterol		≤ 40 mg/dl For Men ≤ 50 mg/dl For Women	Good cholesterol may help remove the bad cholesterol from your blood so that it does not clog your arteries.	
Triglycerides		<150 mg/dl Normal 150-199 mg/dl Borderline High >200 mg/dl High	Fats that are stored in the body and used for energy.	Lower by losing weight, eating less sugar and fat, and eating more fiber.
Glucose	On Medication <input type="checkbox"/> Yes <input type="checkbox"/> No	Fasting <100 mg/dl Normal 100-125 mg/dl Borderline >126 mg/dl High Non-Fasting <200 mg/dl Normal >200 mg/dl Diabetes	Glucose represents the level of sugar in the blood. Glucose rises rapidly after meals and within two hours should return to the fasting value. An abnormally high glucose can be indicative of diabetes, but can also be caused by other disorders and diseases.	If within normal ranges, maintain a healthy lifestyle. If outside normal ranges, consult further with health care provider.
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	<input type="checkbox"/> Yes <input type="checkbox"/> No <small>(If yes, please check specific type)</small>	Current user or quit < 6 months Specify Type: <input type="checkbox"/> cigarettes <input type="checkbox"/> pipe <input type="checkbox"/> 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 signature: I verify the information is completed and accurate.

Health Care Provider Last Name	Health Care Provider First Name	Date / /
Health Care Provider Signature	Health Care Provider Phone Number () -	City & State

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

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**

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

Goals:	Patient's Actions:	Recommendations for follow-up visit:
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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