

## 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 2022. UA faculty and staff will receive a \$50 gift card upon completing an annual health screening coordinated through your health care provider or at a campus health screening event.

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:**

Wellness and Work-Life  
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 1, 2022. If you have any questions or need additional information, please contact our office. We look forward to your participation.

Warm regards,  
Carolyn MacVicar, Wellness and Work-Life  
[cvmacvicar@ua.edu](mailto:cvmacvicar@ua.edu) | 348-0077

# WellBAMA Qualification Form

|   |                         |
|---|-------------------------|
| The University of Alabama faculty & staff instructions:<br>Complete this part of the form and take it to your health care provider to complete. Fax or mail the completed form to<br>(205) 348-6238 or WellBAMA, Wellness and Work-Life, Box 870367, Tuscaloosa, AL 35487 | <b>Exam Date</b><br>/ / |
|---|-------------------------|

|           |            |
|-----------|------------|
| Last Name | First Name |
|-----------|------------|

|                         |                                   |   |
|-------------------------|-----------------------------------|---|
| Contact Number<br>( ) - | Date of Birth (MM/DD/YYYY)<br>/ / | Gender<br><input type="checkbox"/> Male <input type="checkbox"/> Female |
|-------------------------|-----------------------------------|---|

|           |               |
|-----------|---------------|
| Signature | Email Address |
|-----------|---------------|

My preferred form of contact by the Wellness and Work-Life is via:

Phone     
  Inter Campus Mail     
  Email     
  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 2<sup>nd</sup> 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), [macvicar@ua.edu](mailto:macvicar@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<br>Acceptable: 25 – 29.9<br>Borderline: 30 – 34.9<br>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<br><b>On Medication</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No    |  | <120/80 Normal<br>120-139/80-89 Borderline<br>>140/90 High<br>>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<br><b>On Medication</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No |  | <200 mg/dl Normal<br>200-239 mg/dl Borderline High<br>>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<br>130-160 mg/dl Borderline High<br>>160 mg/dl High  | Low density lipoprotein if unhealthy fatty substances in the blood.   |   |
| HDL Cholesterol   |  | ≤ 40 mg/dl For Men<br>≤ 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<br>150-199 mg/dl Borderline High<br>>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<br><b>On Medication</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No           |  | <b>Fasting</b><br><100 mg/dl Normal<br>100-125 mg/dl Borderline<br>>126 mg/dl High<br><br><b>Non-Fasting</b><br><200 mg/dl Normal<br>>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?<br>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<br>(If yes, please check specific type) | Current user or quit < 6 months<br><b>Specify Type:</b><br><input type="checkbox"/> cigarettes <input type="checkbox"/> pipe <input type="checkbox"/> dip/chew<br>Quit in the last 6-12 months<br>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<br>/ /  |
| Health Care Provider Signature | Health Care Provider Phone Number<br>( ) - | City & State |

Please mail or fax your completed Qualification Form to Wellness and Work-Life 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<br>HDL ≥ 40 (male) ≥ 50 (female)<br>TOTAL ≤ 200<br>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: |
|--------|--------------------|--------------------------------------|
|        |                    |                                      |

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



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