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 2024. UA faculty and staff will receive a $50 gift card upon completing an annual health screening coordinated through your healthcare provider or at a campus health screening event.

If you are interested in participating in the WellBAMA Rewards program with your healthcare 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 healthcare provider, please mail or fax the forms to:

   MAIL:  
   Wellness and Work-Life  
   The University of Alabama  
   Box 870367  
   Tuscaloosa, AL  35487

   FAX:  
   (205) 348-6238

The deadline for participating in the WellBAMA Rewards program is December 1, 2024. 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
cmacvicar@ua.edu  |  348-0077

Please mail or fax your completed Qualification Form to Wellness and Work-Life upon completion.
The University of Alabama faculty & staff instructions:
Complete this part of the form and take it to your healthcare provider to complete. Fax or mail the completed form to (205) 348-6238 or WellBAMA, Wellness and Work-Life, Box 870367, Tuscaloosa, AL 35487.

Last Name | First Name | Date of Birth (MM/DD/YYYY) | Gender
--- | --- | --- | ---

Contact Number | Date of Birth (MM/DD/YYYY) | Gender
--- | --- | ---

Contact Number | Gender
--- | ---

Signature

Email Address

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

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 Wellness and Work-Life office (348-0077), wellness@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.

Biometric Screening | Biometric Values | Value Range | Description | General Recommendations
--- | --- | --- | --- | ---
BMI (Body Mass Index) | Good: 24.9 or less | Height-to-weight ratio is an indicator of health risk. | You can lose fat weight by eating a well-balanced, low-fat diet, get active and exercise regularly.
Acceptable: 25 – 29.9 | | | 
Unhealthy: Over 35 | | | 
Blood Pressure | Normal: <120/80 | 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 a health care provider.
On Medication | Borderline: 120-139/80-89 | | Check cholesterol yearly if within normal ranges. If outside of normal ranges, consult with a health care provider.
| High: >140/90 | | | 
| >160/115 | | | 
Total Cholesterol | Normal: <200 mg/dl | 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 a health care provider.
On Medication | Borderline High: 200-239 mg/dl | | 
| High: >240 mg/dl | | | 
LDL Cholesterol | Normal: <130 mg/dl | Low-density lipoprotein is an unhealthy fatty substance in the blood. | Check cholesterol yearly if within normal ranges. If outside of normal ranges, consult with a health care provider.
On Medication | Borderline High: 130-160 mg/dl | | 
| High: >160 mg/dl | | | 
HDL Cholesterol | For Men: ≤ 40 mg/dl | Good cholesterol may help remove the bad cholesterol from your blood so that it does not clog your arteries. | Lower by losing weight, eating less sugar and fat, and eating more fiber.
| For Women: ≤ 50 mg/dl | | | 
Triglycerides | Normal: <150 mg/dl | Fats that are stored in the body and used for energy. | If within normal ranges, maintain a healthy lifestyle. If outside normal ranges, consult further with a health care provider.
| Borderline High: 150-199 mg/dl | | | 
| High: >200 mg/dl | | | 
Glucose | Normal: <100 mg/dl | Glucose represents the level of sugar in the blood. Glucose rises rapidly after meals and within two hours should return to the fasting value. Abnormally high glucose can be indicative of diabetes but can also be caused by other disorders and diseases. | Engage in activity five days a week for 30 minutes.
On Medication | Borderline: 100-125 mg/dl | | 
| Diabetes: >126 mg/dl | | | 
Non-Fasting | Normal: <200 mg/dl | By having an active lifestyle you are able to improve your risk of heart disease, cancer, and diabetes. | 
| Diabetes: >200 mg/dl | | | 
Exercise | Moderate intensity = thirty+ minutes | | 
| How many days per week? | | | 
| Tobacco Use | No | | 
| Yes | Current user or quit < 6 months Specify Type: | 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.
| No | cigarettes □pipe □dip/chew | | 
| (if yes, please check specific type) | Quit in the last 6-12 months Never used or quit >6 months | | 

Health Care Provider signature: I verify the information is completed and accurate.

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’s 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>
</tr>
<tr>
<td>□ Cholesterol and Triglyceride (TG) Lowering</td>
<td>LDL ≤ 180</td>
</tr>
<tr>
<td></td>
<td>HDL ≥ 40 (male) ≥ 50 (female)</td>
</tr>
<tr>
<td></td>
<td>Triglycerides &lt; 150</td>
</tr>
<tr>
<td></td>
<td>TOTAL ≤ 200</td>
</tr>
<tr>
<td>□ Blood Glucose/Diabetes Management</td>
<td>Normal fasting blood sugar OR patients with diabetes A1C &lt; 8%</td>
</tr>
<tr>
<td>□ Weight Loss</td>
<td>BMI &lt; 30</td>
</tr>
<tr>
<td>□ Tobacco Use</td>
<td>No tobacco use</td>
</tr>
</tbody>
</table>

**Goals:**

**Patient’s Actions:**

**Recommendations for a 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) |
---|---|---|---|