

# Auburn University Healthy Tigers- Provider Screening Form

**Instructions:** If you can not or choose not to participate in the Healthy Tigers screenings through the AUPCC, you may submit your health screening results through your physician. You are to complete **Section 1** of the form and your provider is to complete **Section 2**. In order to be eligible for the **2013 Healthy Tigers wellness premium discount** (which will take effect January 1, 2013)

**This form must be received in the AUPCC no later than close of business December 19, 2012.**

**VERIFICATION OF RECEIPT OF FORMS IN AUPCC IS STRONGLY ENCOURAGED**

**FORMS RECEIVED AFTER THIS DATE WILL NOT BE ACCEPTED FOR THE 2013 DISCOUNT.**

If more than one screening is performed between Jan 1<sup>st</sup> and Dec 19<sup>th</sup> of the calendar year, you may be responsible for paying associated fees out of pocket for 2<sup>nd</sup> visit. Certain lab tests associated with the Healthy Tigers Program when performed by your physician may only be covered once every 5 years by AUBCBS and you may be responsible for additional lab costs.

## SECTION 1 (To Be Completed by Employee)

Name (Please print)		Screening Date/Visit Date	Male Female	<b>Circle One:</b> I am an AU employee covered by my own AUBCBS policy
Employee ID/Banner # (AU Employees ONLY)	Age:	Date of Birth (00/00/00)		I am an AU employee covered by my spouse's AU BCBS policy
AU BCBS Subscriber Name (As shown On insurance card)	AU BCBS Contract #	Day Time or Campus Phone Number ( ) - E-mail Address:		
		I am the spouse of an AU employee and am covered by their AU BCBS policy		

### What best describes your race/ethnicity?

White                      Black/African American                      Asian                      Indian or Alaska Native  
Hispanic/Latino                      Native Hawaiian/Pacific Islander                      Other

### Do you **HAVE** (or have you been told you had) any of the following? (Mark all that apply.)

High Cholesterol                      High Blood Pressure or Hypertension                      Diabetes

### Do you take **MEDICATION** for any of the following? (Mark all that apply.) Optional: Please provide a list of all of your medications on the back of this form (including prescription, over the counter, vitamins, and minerals)

High Cholesterol                      High Blood Pressure or Hypertension                      Diabetes

## SECTION 2 (To Be Completed by Healthcare Provider)

<p style="text-align: center; color: red;"><b>REQUIRED DATA:</b></p> <p>Blood Pressure _____ / _____ mmHg                  Total Cholesterol _____ mg/dL                  Blood Glucose _____ mg/dL  <b>Alarm values: Total Cholesterol <math>\geq</math> 250</b>  <b>Blood glucose <math>\geq</math> 200</b>  <b>Blood pressure- Systolic <math>\geq</math> 160 mm Hg</b>  <b>Diastolic <math>\geq</math> 100 mm Hg</b></p>	<p style="text-align: center; color: green;"><b>OPTIONAL DATA:</b></p> <p>Height _____ ft. _____ in                  Weight _____ pounds                  BMI _____ kg/m<sup>2</sup>                  HDL Cholesterol _____ mg/dL                  HDL Total Ratio _____ mg/dL</p>
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The above mentioned member has been evaluated in my office and counseled regarding his/her risk factors. In particular, I have noted any values that were above alarm values and responded as clinically indicated.

Provider's Name: (Please print) \_\_\_\_\_

Provider Signature: \_\_\_\_\_

Provider Address / Phone: \_\_\_\_\_

Please return completed form to:  
**AUBURN UNIVERSITY PHARMACEUTICAL CARE CENTER (AUPCC)**  
 Attention: Healthy Tigers Program  
 2155 Walker Building, HSOP, 362 West Thach Avenue  
 Auburn University, Alabama 36849-5506  
 PHONE: (334) 844-4099 FAX: (334) 844-4019 E-MAIL: aupcc4u@auburn.edu