

FREMONT COUNTY HEALTH FAIR TEST CHECKLIST

Please complete this checklist and sign the WHF Consent and Release on the back. The checklist includes tests covered one time per calendar year for county employees and spouses.

1. Go to fremontcountywellness.com, *Health Fair* tab.
2. Schedule your appointment for the health fair.
3. Print and complete this form (front & back). Mark which tests you wish to have completed.
4. Fast for 12 Hours, unless you are diabetic.
5. Bring this form, and your BCBS insurance card with you the morning of the health fair.

THE BASIC TESTS

The following tests will be completed automatically for all attendees of the health fair.

1. Blood Chemistry Panel (Recommended 12 hour fasting, unless diabetic).
2. Hemogram CBC (Complete Blood Cell Count) with Differential
3. PSA (Prostate Specific Antigen) Screening for Men
4. Vitamin D: Recommended for Everyone to Obtain Baseline Levels or Those with Low Levels

The following tests are covered for those with specific health conditions. Consult with your healthcare provider to help determine which wellness tests you and/or your spouse should have done.

The following tests are available by request only.**

_____ Hemoglobin A1C: Recommended for Those With Diabetes or At Risk of Developing Diabetes

_____ Thyroid Panel 1: Recommended for Those with Medically Diagnosed Thyroid Issues

_____ C-Reactive Protein (CRP): Recommended for Those At Risk for Heart Disease or Other Inflammatory Disorders such as Auto-Immune Diseases

****While Fremont County will cover these tests one time per calendar year, they are specialized tests for those with specific health conditions and not necessary for everyone.**



Fremont County Government Consent and Release for Tests

(Participant Signature or Legal Guardian if under age 18)

For the purposes of this document, Wyoming Health Fairs/Wellness Health Fairs (WHF) refers to its employees, staff, volunteers, coordinators and any contracted personnel including laboratory, transportation, and medical technologists.

Lab results will be forwarded to me or to my representative unless specified that the results are to be released only to me. (Release form available upon request.)

It is my responsibility to forward my lab results to my physician, or for other options WHF can provide a medical release authorization form. WHF does not practice medicine or recommend medical treatment.

WHF does not interpret lab results for me.

WHF takes precautions in the event contamination occurs during the process of drawing, transporting and processing blood against the risk of accidental exposure to blood borne diseases. Wyoming state law allows any routine testing deemed necessary for the safety of the contaminated individuals to be carried out at no additional expense to me. I consent to such testing.

I understand that my health information will be used for the purposes of treatment, payment, and health care operations, and that my privacy will be protected. I further understand that my health information will be shared with third-party consultants for administrative purposes.

I request and give permission to WHF to draw my blood and perform lab tests on that blood.

I release WHF and its employees and agents from liability for any injury which I may incur as a result of my participation in this blood test, including its or their negligence.

Random photographs and videos may be taken during the event. My signature indicates I am giving permission to use these forms of media for marketing purposes, i.e. WHF website.

My signature indicates that I agree to the above, have been given an opportunity to ask questions, and I accept WHF Privacy Practices and can request a copy.

Printed Name _____ Signature _____ Date _____

Reason if signature is other than patient. _____