

City of North Myrtle Beach Health Center

Name: _____ Employee ID: _____

Birth Date: _____ Physician: _____

Screening Date: _____ HRA Complete: Yes _____ No _____

Biometrics Screening Results

Fasting

Not Fasting

Athlete Status:

Additional measurements

Neck _____

Natural Waist _____

Hip _____

Meets requirement:

Yes No

CLINICAL MEASUREMENT	VALUE	REFERENCE
<u>Height</u>		
<u>Weight</u>		
<u>Waist</u>		<=35 inches
<u>Pulse Rate</u>		60-100 bpm
<u>Blood Pressure Systolic</u>		<120mmHg
<u>Blood Pressure Diastolic</u>		<80mmHg
<u>Blood Glucose</u>		<100mg/dL
<u>Total Cholesterol</u>		<180 mg/dL
<u>Triglycerides</u>		<150 mg/dL
<u>HDL Cholesterol</u>		>=50 mg/dL
<u>LDL Cholesterol</u>		<130 mg/dL
<u>A1C</u>		<5.7%
<u>PSA (men >40)</u>		>4.0 ng/ml

BMI = _____
5% goal = _____
<18.5 Underweight
18.5-24.9 Normal Weight
25-29.9 Overweight
>30 Obese

<=120 Normal
120-139 Prehypertension
140-159 Hypertension I
>= 160 Hypertension II

<=80 Normal
80-89 Prehypertension
90-99 Hypertension I
>= 100 Hypertension II

<150 Normal
150-199 Borderline High
200-499 High
>= 500 Very High

>=50 Normal (Females)
>=40 Normal (Males)

<5.7% Normal
5.7% - 6.4% Prediabetes
>= 6.5% Diabetes

<100 Normal
100-125 Prediabetes
>= 126 Diabetes

<180 Optimal
180-199 Non-Optimal
200-239 Elevated
>= 240 Very High

<100 Optimal
100-129 Near Optimal
130-159 Borderline Optimal
160-189 High
>= 190 Very High

0-4ng/mL Normal

Smokerlyzer Test:

Positive Negative

Screeener:



Wellness Consultation Reviewer:
