

3 Ways to Screen

Chose the screening option that works best for you. Be sure to have the correct paperwork and required verification for credit.

AT YOUR WORKSITE

After your worksite screening, schedule a well-check visit and have your physician complete the **'Annual Physical Verification'** section of your form. Return it to IH21/HW Central Division.

AT LABCORP

After your Labcorp screening, schedule a well-check visit and have your physician complete the **'Annual Physical Verification'** section of your form. Return it to IH21/HW Central Division.

AT YOUR PHYSICIAN

Following your physician screening, have your physician complete the **'Patient Results'** section of your form and return it to IH21/HW Central Division.

QUESTIONS?

513-751-1288
Offsite@integratedhealth21.com

Please allow 3 business days for processing of forms

PHYSICIAN SCREENING RESULTS and ANNUAL VERIFICATION FORM

Fort Recovery Industries

Forms for appointments between 9/1/2026 – 8/31/2026
will be accepted if submitted NO LATER THAN 8/31/2026

Section 1: PERSONAL INFORMATION (completed by patient)

CHECK ONE BOX : My screening was done at my doctor's office, so my doctor must complete section 2 only. My screening was done at my worksite or a LabCorp location, so my doctor must complete section 3 only.

Full Name :

Date of Birth : ____ / ____ / ____ Last 4 SSN : Gender : Male Female

Home Address : _____

Phone Number : _____ E-Mail : _____

I am an employee I am a spouse of an employee (employee name): _____

INFORMATION CONSENT

I, _____ (patient name), grant permission to Dr. _____ (physician name) to share my lab results, blood pressure, height, weight, and waist circumference measurements with HealthWorks. I understand that my information will not be shared directly with my employer and that HealthWorks adheres to all HIPAA regulations.

Patient Signature: _____ Date: _____

Section 2: PATIENT RESULTS (physician screenings - completed by physician)

Fasting : Yes No **Pregnant :** Yes No **Diabetic :** Yes No **Tobacco User :** Yes No

Glucose : | LDL : | Height : Inches

Total Cholesterol : | A1-C : | Weight : Pounds

Triglycerides : | Blood Pressure : | Waist : Inches

HDL : | Systolic : | Diastolic :

Physician Name :

Physician Signature : _____ Date : _____

Section 3: ANNUAL PHYSICAL VERIFICATION (for worksite or LabCorp screenings)

I, _____ (Physician Name), conducted an annual physical/well-check office visit for the patient listed above. This visit was completed on _____ (Date).

Physician Signature : _____ Date : _____

Form MUST be submitted for credit:

- Upload to your personal dashboard at myHealthWorksportal.com
- Scan/Email : Offsite@integratedhealth21.com Fax : 1-513-751-0018
- Mail : IH21/HW Central Division, 4350 Glendale-Milford Road, Suite 110, Blue Ash, OH 45242

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