

HealthWorks

Comprehensive Health Assessment for Prevention Partners

This convenient and comprehensive health screening includes the following tests:

➤ **Laboratory Tests (8 hour fast required):**

Cholesterol	Red Blood Cells
HDL/LDL	Hemoglobin
Triglycerides	Hematocrit
Glucose	CBC with differential
Electrolytes	Thyroid Stimulating Hormone (TSH)
Free Thyroxine	Proteins/enzymes

➤ **Body Mass Index (BMI)**

➤ **Height/Weight**

➤ **Blood Pressure**

****PSA Lab Test**

By combining results from these tests with an online Health Risk Appraisal (HRA), about your lifestyle habits and family history, HealthWorks will provide you with a comprehensive report detailing your current health status, laboratory results and appropriate educational material. Your laboratory results will be mailed one week after the screening date.

This screening, a \$350 value in many healthcare settings, is **FREE** for employees, retirees, and their covered spouses whose **PRIMARY** insurance coverage is the State Health (Standard or Savings Plan).

Terms and Conditions

- There is an 8-hour fast prior to your screening (you may have water and any required medications you may be taking)
- Participants are required to complete all components of this health screening. This includes height, weight, blood pressure, blood draw, and paperwork.
- Please bring your insurance card (required) with you the day of the screening.
- Insurance allows for **ONE** Prevention Partners screening per calendar year (January-December)
- Dependent children are not eligible
- Participants without the State Health Plan as their PRIMARY insurance may get the comprehensive screening for \$55.00
- The prostate specific antigen (PSA) is available **FREE** of charge to men ages 40 and above**

The screening will take place on **November 2nd**. Please fill out the registration form and return to **Marcus Sumter**.

SC HUMAN AFFAIRS COMMISSION REGISTRATION

In addition to the Comprehensive Health Assessment, please register me for the services checked below:

_____ Prostate Specific Antigen (PSA) – included for males 40 and older

_____ Additional Testing: Please list _____

Name: Daniel Varat SEX: M ☒ F ☐
(Please print legal name) FIRST LAST

Last 4 Digits of Social Security Number: 9567 Date of Birth: 08/12/1966

Email: Dannyvarata@scstatehouse.gov Did you participate in the 2016 screening? Yes ☒ No ☒ Unsure ☐

Work Phone 803-734-2083 Home/Cell Phone 864-787-4150 (For Emergency Purposes Only)

Insurance Card I.D. Number: 20516289442 I am an: ☒ Employee ☐ retiree ☐ covered spouse

Is the State Health Plan (Standard or Savings Plan) your Primary Insurance? Yes ☒ No ☐

I would like to receive an email invitation to Palmetto Health's online patient portal to view my lab results Yes ☐ No ☒

After registration is complete, you will receive email instructions to complete the online HRA