

# Campus Biometric Screening Declination Form

My employer, Trilogy Management Services, LLC, has recommended that I receive a biometric screening as part of our wellness program and to provide me basic biometric screening outcomes.

I acknowledge that I am aware of the following:

- The campus biometric screening is a no-cost fingerstick assessment available to all part-time, full-time and ACA-eligible insured PRN employees.
- A biometric screening provides basic health outcomes for only the following: nicotine/cotinine, BMI, blood pressure, waist circumference, total cholesterol, triglycerides, LDL and HDL cholesterol and glucose.
- The results of my biometric screening would be documented by my screener, but is not maintained by Trilogy. Results would not be stored in biometric screening equipment or in my personnel file (unless I request). Only our wellness vendor, Virgin Pulse, would maintain my screening results.
- The results of my screening do NOT affect my ability to obtain the wellness rate, nor do they affect my employment.
- If I choose not to screen on campus, I have the opportunity to use a recent (less than 90 days) doctor's visit with labs or select the nearest Labcorp location by logging on to the e-Health off-site screening page, found on [Fit.thetrylogyfoudation.org/biometric screening](http://Fit.thetrylogyfoudation.org/biometric%20screening).
- I understand that I can change my mind at any time and receive a biometric screening on campus.

I have read and fully understand this declination form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (print): \_\_\_\_\_

Campus: \_\_\_\_\_

