WoodmenLife℠ GuidanceResources®

Biometric Screening Certification Form

Complete and upload this form to your Incentive Tracker at www.guidanceresources.com. To complete your submission click the Biometric Screening Activity, attach this completed form and enter your biometric values into the system. ***Information submitted on the Incentive Tracker is subject to review. If it is found to be intentionally dishonest, disciplinary actions may be taken and incentives will be revoked.***

Associate Information

Legal Full Name: _____ Date of Birth: _____

Associate ID/Field Code: _____ Email: _____

I, (the Associate) certify that the information in this submission is truthful and accurate to my knowledge. I understand that the information is subject to review and if it is found to be intentionally dishonest, disciplinary actions may be taken and incentives will be revoked.

Associate Signature: _____ Date: _____

Biometric Screening Information

Physician's Name: _____ Date of the Screening: _____

Office Address: _____Office Phone: _____

Biometric Values	Results
Weight	
Height	
Blood Glucose	
Blood Pressure	
Systolic	
Diastolic	
Lipid Profile	
Total Cholesterol	
HDL	
LDL	
Triglycerides	

I, (the Healthcare Provider) per my knowledge certify that the individual above has completed the exam on the date indicated above and the biometric results are accurate.

Physician Signature: _____ Date: _____