

2023 BIOMETRIC ATTESTATION FORM

For employees who are enrolled in Aetna, who plan to enroll in Aetna during Open Enrollment, or for new employees who plan to enroll in Aetna for their health insurance benefit.

Middlesex Health is sponsoring a voluntary health and wellness initiative focusing on the completion of a biometric screening. This information is kept confidential in accordance with HIPAA guidelines and will not be shared with Middlesex Health.

COMPLETE THE FOLLOWING INFORMATION (Please Print)

Employee First Name _____

Employee Last Name _____

Gender Identification _____ Date of Birth _____

PHYSICIANS: If your patient has had the following biometric screenings since 01/01/2021, please complete this form and return to your patient.

EMPLOYEES:

Please return this form to:

Aetna

Fax: 860-907-3288

Attn: Middlesex Biometric
Attestation Form

TEST	DATE COMPLETED	RESULT
Height		
Weight		
Body Mass Index (BMI)		
Waist Circumference		
Total Cholesterol		
HDL Cholesterol		
LDL Cholesterol		
Blood Pressure		
HbA1c (optional)		
Glucose Level		

My patient has participated in the above stated biometric screenings. My patient and I have discussed how his/her lifestyle behaviors are linked to his/her current health status and how those behaviors may influence his/her future health risks. We are working together towards an attainable health goal.

Physician's Name (please print) _____

Physician's Signature _____ Date _____



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**Middlesex
Health**

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