

Auburn University Healthy Tigers- Provider Screening Form

Instructions: If you can not or choose not to participate in the Healthy Tigers screenings through the AUPCC, you may submit your health screening results through your physician. You are to complete **Section 1** of the form and your provider is to complete **Section 2**.

Certain lab tests associated with the Healthy Tigers Program when performed by your physician may only be covered once every 5 years by AUBCBS and you may be responsible for additional lab costs.

NAME (PLEASE PRINT): SHM SHIMAZ SUBSCRIBER BANNER NUMBER: _____

AGE: 41 DATE OF BIRTH: 08/12/1976 GENDER (CHECK ONE): ☒ MALE ☐ FEMALE

SUBSCRIBER NAME (AS APPEARS ON AU BCBS INSURANCE CARD): EMILY SHIMAZ

AU BCBS CONTRACT NUMBER: PPA 848059183

DAYTIME OR CAMPUS PHONE NUMBER: 334-354-7397 E-MAIL ADDRESS: ashimaz@auburn.edu

What best describes your race/ethnicity?

- ☐ White ☐ Black/African American ☒ Asian ☐ Indian or Alaska Native
☐ Hispanic/Latino ☐ Native Hawaiian/Pacific Islander ☐ Other

Do you **HAVE** (or have you been told you had) any of the following? (Mark all that apply.)

- ☐ High Cholesterol ☐ High Blood Pressure or Hypertension ☐ Diabetes

Do you **take MEDICATION** for any of the following? (Mark all that apply.) Optional: Please provide a list of all of your medications on the back of this form (including prescription, over the counter, vitamins, and minerals)

- ☐ High Cholesterol ☐ High Blood Pressure or Hypertension ☐ Diabetes

SECTION 2 (To Be Completed by Healthcare Provider)

REQUIRED DATA

Blood Pressure 115 / 70 mmHg Height 5 ft 10.5 in
Total Cholesterol 187 mg/dL Weight 165.2 pounds
Blood Glucose 113 BMI 23.4

Alarm values: Total Cholesterol ≥ 250
Blood glucose ≥ 200
Blood pressure - Systolic ≥ 160 mm Hg
Diastolic ≥ 100 mm Hg
BMI ≥ 35

OPTIONAL DATA

HDL Cholesterol 25 mg/dL
TC/HDL Ratio 7.5

The above mentioned member has been evaluated in my office and counseled regarding his/her risk factors. In particular, I have noted any values that were above alarm values and responded as clinically indicated.

DATE TESTS PERFORMED BY PHYSICIAN (THIS DATE IS REQUIRED) 12/19/17

Healthcare Provider's Name: (Please Print) Carol Stewart CRNP

Healthcare Provider Signature: Carol Stewart, CRNP

Healthcare Provider Address / Phone: 334-244-3281

AUBURN UNIVERSITY MONTGOMERY
STUDENT HEALTH CENTER
IRMA B. MOORE HALL RM. 102

P.O. BOX 244023

Please return completed form to:
AUBURN UNIVERSITY PHARMACEUTICAL CARE CENTER (AUPCC) MONTGOMERY, AL 36124-4023

Attention: Healthy Tigers Program
2155 Walker Building, HSOP, 362 West Thach Avenue
Auburn University, Alabama 36849-5506

PHONE: (334) 844-4099 FAX: (334) 844-4019 E-MAIL: healthytigers@auburn.edu

For AUPCC use only: Banner ☐ EMR ☐