2026–2027 BOISE SCHOOL DISTRICT
BIOMETRIC SCREENING VERIFICATION FORM

🚨**This is a 2 page document. Only page 2 should be submitted for processing.**
🚨**DO NOT RETURN THIS FORM TO THE BOISE SCHOOL DISTRICT HR OFFICE.**
🚨**Screenings completed and submitted on time during the 2026-2027screening year(s) will determine eligibility for the 2027-2028 Wellness Medical Plan.**

MEMBER INSTRUCTIONS (Page 1 of 2 – Keep for your records)
Eligible employees may choose to complete their biometric screening with their personal healthcare provider instead of attending a district-sponsored screening session.

To opt-in to the Wellness Medical Plan please follow these steps carefully:

- Schedule a wellness exam with your provider. Inform the provider in advance that you need biometric labs completed so results can be reviewed during your visit.
- Complete the Patient Information section.
- Bring this form to your appointment and have your Provider complete the Healthcare Provider section.
- **Measurements must be taken by April 1, 2026 and submitted on or before March 31, 2027 to opt-in to the 2027–2028 Wellness Medical Plan.**
- **Submit only Page 2** of this form directly to Saint Alphonsus Corporate Health & Well-being (**NOT to Boise School District HR**):

  By Mail:

  Saint Alphonsus Corporate Health & Well-being 1055 N. Curtis Road, Boise, ID 83706

  By Secure Email:

  sawellness@saintalphonsus.org ****DO NOT FAX****

🔒 **Important Privacy Reminder:**
This form contains Protected Health Information (PHI). For your privacy and in accordance with HIPAA, do not submit this form to Boise School District Human Resources. Any forms received by HR will be shredded and will not be processed.

📨 **Don't Miss This Step!:**
Do not request that your healthcare provider submit the Biometric Screening Verification Form on your behalf. To ensure timely and successful processing, **you** must submit the form directly to Saint Alphonsus yourself. You will receive a email confirmation from Saint Alphonsus once received.

❓ **Questions:**
For questions related to Wellness Program eligibility, please contact:
wellness@boiseschools.org

2026-2027 BOISE SCHOOLS | BIOMETRIC SCREENING VERIFICATION FORM

PATIENT INFORMATION

Full Name: _____ DOB: ___/___/___

Email: _____ Phone: _____

Sex assigned at birth *(For lab analysis purposes only)*: ☐ Female ☐ Male

Select one: ☐ Active Employee ☐ Retiree (under 65) Employee ID#: _____

HEALTHCARE PROVIDER SECTION

Boise School district health plan members can opt-in to the Wellness Plan (lower out of pocket costs) by completing an annual biometric screening. Screening results are collected by Saint Alphonsus Corporate Health. Biometric information is kept strictly confidential and not shared with District personnel. All sections must be completed for the employee to qualify for the Wellness Plan.

SECTION I: Health Evaluation Results

BODY MASS INDEX	☐ ft ☐☐ in ☐☐☐ lbs (Height / Weight)
WAIST CIRCUMERENCE	☐☐ in
BLOOD PRESSURE	☐☐☐ / ☐☐☐ mm Hg
CURRENT TOBACCO USAGE	☐ Yes ☐ No ☐ Former tobacco use ☐ Never used

SECTION II: Lab Results

Date of blood draw: ___/___/___ Was patient fasting? ☐ Yes ☐ No

CHOLESTEROL	TOTAL ☐☐☐ mg/dL HDL ☐☐☐ mg/dL LDL ☐☐☐ mg/dL
TRIGLYCERIES	☐☐☐ mg/dL
BLOOD GLUCOSE	☐☐☐ mg/dL
HEMOGLOBIN A1C	☐.☐ %

_____

Signature of Physician/Licensed Medical Provider Date Phone

_____

Please Print Name

HEALTH SYSTEM AFFILIATION ☐ Saint Alphonsus ☐ St. Luke's ☐ Other

TAKE CHARGE (OPTIONAL FREE SERVICES FOR PATIENT)

Patients with a blood pressure of >139/89, HbA1c >7.0, a BMI >34 and LDL >129 are encouraged to follow recommendations of a treatment plan given by their health care provider and participate in the Saint Alphonsus Take Charge program.

Employees on the Boise School District health plan, have the option of working with a Registered Dietitian and/or Registered Nurse with the Saint Alphonsus Corporate Health and Wellness department **FREE** of charge. Employees can call 208-367-6225 to schedule an appointment.