



2025 Wellness Program Physical Form

CITY OF CLARKSVILLE EMPLOYEE WELLNESS PROGRAM INFORMATION *(please print legibly)*

Last Name:	First Name:
Date Of Birth:	Phone Number:
Email Address <i>(for your WellRight portal access):</i>	Gender: M F

Do you plan to enroll in a City of Clarksville medical plan? Yes No Unsure

INSTRUCTIONS:

This form is to be used to record your biometric measurements after a physical in order to track completion of a physical exam between 1/1/2023 – 12/31/2023. Upload this form to your wellness portal (clarksville.wellright.com)

BIOMETRIC SCREENING DATA

Check here if your patient is pregnant at the time of her physical.

Biometric Measure	Value	Date of Measure	Target Value
Body Weight (lb)			
Height (in)			
Body Mass Index (BMI)			< 30
Systolic Blood Pressure Level (top number)			< 140
Diastolic Blood Pressure Level (bottom number)			< 90
A1C			< 5.7
Cotinine Results (nicotine lab draw)	<input type="checkbox"/> (+) <input type="checkbox"/> (-)		Negative (-)

All labs are required for participation in the wellness program.

Physical Exam	Provider Initials	Date of Exam
Physical Exam Completed (1/1/23 – 12/31/23)? <input type="checkbox"/> NO <input type="checkbox"/> YES		

If you would like to better understand any of your biometric screening data or to schedule an appointment with a health coach, please call (615) 346-9437.

BIOMETRIC SCREENING COMPLETED BY:

AUTHORIZED SIGNATURE
OR STAMP OF
PROVIDER OR LAB

Upload this form to your wellness portal at
Clarksville.wellright.com

Please refer to page 2 of this provider form to review
protections from disclosure of medical information.

PROGRAM OPERATED BY ONE TO ONE HEALTH
QUESTIONS? Please send us an email at:
patientservicesclarksville@121.health



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Protections from Disclosure of Medical Information. The Company and its wellbeing vendors are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellbeing program vendor and the Company may use aggregate information it collects to design a program based on identified health risks in the workplace, neither the Company nor its wellbeing vendors will ever disclose any of your personal information either publicly or to other employees at the Company except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellbeing program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellbeing program will not be provided to your supervisors or managers and may never be used to make decisions regarding employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellbeing program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellbeing program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellbeing program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information are those to whom you choose to disclose it (such as a health coach, nurse, physician, etc.) in order to provide you with services under the wellbeing program.

In addition, all medical information obtained through the wellbeing program will be maintained separate from your personal records, information stored electronically will be encrypted, and no information you provide as part of the wellbeing program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellbeing program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellbeing program, nor may you be subjected to retaliation if you choose not to participate.

If you have any questions about the privacy of your PHI, HIPAA or discrimination contact your Company's human resources director.

PROGRAM OPERATED BY ONE TO ONE HEALTH

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