



GREATER WICHITA YMCA

Corporate Wellness | Screening Request

Employer Name

Address

City/State/Zip

of anticipated participants

of eligible employees

Services Requested (mark all that apply)

- Venipuncture** (coordinate with lab)
- Finger Stick** (available in Sedgwick, Butler, and Harvey counties only)
- Lipid Panel (TC, Trig, HDL, LDL, Glucose)
- Biometrics (blood pressure, weight, waist)
- HbA1c
- PSA (available with venipuncture only)
- PSA (men over 40 only)
- Cotinine (tobacco)
- Follow-up Coaching
- High-risk follow-up mailer
- Other (please list):

Health Assessment Requested

- Online
- Paper
- None (without health assessment additional fee will apply for aggregate report)

Point of Contact

Phone

Email

Date(s) Requested

Start time

End time

Reports Requested (mark only if worksite has used the Y for screenings in previous years)

Cohort Comparison Report

- Current year to last screening
- Current year to multiple years' screenings

Participant scheduling:

- Paper
- Online

Special instructions/requests:

Submit completed RFP to: communityhealth@ymcawichita.org

For YMCA Use Only: Agreement sent _____ Agreement Rcvd _____ Flyer/Sign-up/Instructions sent _____