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_________