

Register for Physician Screening Form



1. Register at www.ehealthscreenings.com
2. Click on Login.



3. If previously registered, enter Username and Password, then Submit. Skip to step 6.
4. If not previously registered, enter Screening Key (LCH36) and Submit.

SIGN IN TO YOUR ACCOUNT

Username

Password

Submit

Forgot your [username](#) or [password](#)?

NOT YET REGISTERED?

Screening Key Submit

Screening Key is LCH36

User Name is your first initial, last initial and date of birth
(example - TP01231954)

Password is your last name then last 4 digits of your social security number
(example - Smith1234)

5. Set up your account profile.

6. In Step 1 enter the Screening Key - LCH27 and Click to Select.



Step 1
Schedule a screening
Request physician screening form

[CLICK TO SELECT](#)



Step 2
Manage appointments
Access forms
Upload physician screening form

[CLICK TO SELECT](#)



Step 3
View current results
View historical results

[CLICK TO SELECT](#)

7. Select Physician Screening.

SELECT SCREENING TYPE



PHYSICIAN SCREENING

click below to use your own physician

[Click to Select](#)



OFFSITE LAB SCREENING

click below to schedule a lab screening

[Click to Select](#)

8. Read through the criteria and click Continue.

Criteria and Instructions:

1. The required fasting laboratory tests include: **Lipid Panel and Fasting Glucose.**
2. The required biometrics include: **Blood Pressure, Height, Weight, and Waist Circumference.**
3. The blood sample must be drawn by **venipuncture**. Urine tests, mouth swabs, and fingersticks will not be accepted.
4. Blood results must be provided on the Physician Screening Form and supported by a copy of your official lab results which includes your name, DOB, test results and test date for verification (a physician's letter will not suffice).
5. All of the information included on the Physician Screening Form is required. Any missing information will prevent your results from being entered and will disqualify you from participating in the wellness program.
6. Do not provide a copy of the Physician Screening Form to other participants. Each participant must request his or her own form.
7. Tests should be administered no earlier than: **10/01/2021** and no later than: **11/30/2022**. *Employees eligible for the RMX Safety Bonus Program must complete their tests no later than 10/31/2022.*
8. Screening results must be received by eHealthScreenings no later than: **11/30/2022**. *Employees eligible for the RMX Safety Bonus Program must submit their tests no later than 10/31/2022.*
9. Completed Physician Screening Form **and** supporting official laboratory form (a copy of your results) can be uploaded in your health screening portal. Go to Step 2 and select Upload Form. Alternatively, documentation can be emailed to ehs.physicianscreening@ehealthscreenings.com.

If you have any questions or to confirm receipt, please contact eHealthScreenings by email at help@ehealthscreenings.com or by phone at 1-888-708-8807.

9. Read the consent, sign and click continue.

Health Screening Consent

Your employer has contracted with Premise Health Employer Solutions, LLC, on behalf of its affiliate eHealthScreenings ("Premise Health") to provide certain health and/or wellness services in connection with voluntary health screen program.

If applicable, by participating in the biometric screening, you consent to the collection of a blood specimen and/or bodily fluids. You understand and acknowledge that the collection of blood through a needle or fingerstick may cause pain, a bruise or, rarely, an infection. You also consent to the collection of additional biometrics (height, weight, blood pressure, waist circumference, and perhaps other measurements, as per

I Agree (must scroll through consent)

Printer Friendly

Signature (First and Last Name):

Today's Date:

02/15/2021

Continue

10. Receive Confirmation.

Confirmation

Thank you for registering for the option to submit your own physician/clinic results manually. If you would like to immediately access your form, please click the link below. Alternatively, within an hour you will receive an email with a screening form and list of instructions for submission. Please contact eHS at 1.888.708.8807 for assistance

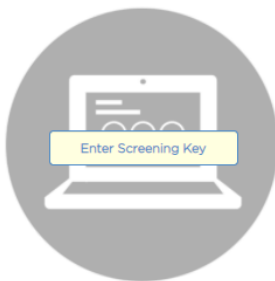
As a reminder, the email address that we have on file for notifications is:

[Redacted email address]

To edit, simply go to the 'My Information' tab. If that field is not modifiable, you need to edit it with your employer.

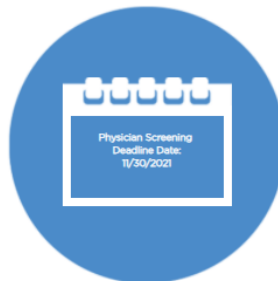
[Click here to download your Physician Screening Form.](#)

11. Once form is complete, log back into eHealth and upload in Step 2.



Step 1
Schedule a screening
Request physician screening form

CLICK TO SELECT



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12. Click Upload Form

Home	My Information				Logout
Screening	Screening Key	Registered Date	Deadline Date		
Physician Screening	LCH27	February 15, 2021 3:28 PM	11/30/2021	Details	Reschedule Cancel Upload Form