

HEALTH PROMOTION REQUEST FORM

INTERNAL EMPLOYER INFORMATION FORM



Please complete this form to initiate a health promotion request and submit to healthpromotions@tufts-health.com

Today's Date:	Date(s) Requested for Service(s):
Account Name:	Time(s) Requested:
Address:	
Location to report (Building / Room):	Main Phone:
*Contact(s):	Contact Phone / Cell Phone:
Number of employee in company:	Fax:
Number expected to attend event:	Email:
*Person responsible for detail and who will be available day of event:	
Account Manager:	

Screenings:	
Back Screening	Hemoglobin A1C
Blood Pressure	Nicotine Saliva Test
BMI	Sun Screening (Dermascan)
Body Composition	Other (Please Specify)

Finger Stick:	
Cholesterol	Cholesterol / HDL / Glucose
Cholesterol / HDL	Glucose
Cholesterol / Glucos	

Screening Reports Requested:	Aggregate	Participation	No Reporting Required
	Upload to Optum	Upload to other	

Registration:	Online	Paper	Not applicable
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Events: Seminars/Webinars/Demonstrations	
<input type="checkbox"/> Coaching (Health or Nutrition) <input type="checkbox"/> Cooking Demonstration <input type="checkbox"/> Nutrition <input type="checkbox"/> Physical Activity <input type="checkbox"/> Smoking Cessation <input type="checkbox"/> Stress <input type="checkbox"/> Walking Maps/Routes <input type="checkbox"/> Weight Management <input type="checkbox"/> Work Station Analysis <input type="checkbox"/> Other (Please Specify):	Chair Massage (Employer or Sales Funded Only) - Length of sessions: _____ (i.e. 10,15,20 min) - Total Massage Therapists: _____ Employer/Broker Funded Please provide billing contact information Name: _____ Address: _____ Phone: _____ Email: _____

If you have a specific need, please fill in below:

Directions / Parking / Security:

Please note:

All screenings are scheduled for a minimum of two hours.

Minimum hours and participation requirements may apply per vendor/service.

Late cancellation fees may apply and are subject to the cancellation policy of selected vendor(s).

*Minimum screening participation fees (depending on vendor) may apply. The vendor shall be paid based upon the greater of: (a) 80% of THP's estimated participation provided to the vendor 10 business days prior to the start date of the event or (b) actual participation. Payments due under normal terms and after event has been completed and final participation has been calculated.

Vendors selected for Wellness events will reach out to client contacts (specified on this Request Form) to confirm events and to discuss logistics. Client outreach will be made at least 3 weeks prior to event (or within 48 hours of receipt of request, if request is received with less than 3 weeks notice).