

SouthernLifeStyle

Gulf Power Healthy Rewards

Today's Date: _____

Full LEGAL Name: _____

Date of Birth: _____ SCID: _____

Work Location: _____ (i.e., Corporate, Pine Forest, Smith Plant, Crestview, etc.)

Select ONE of the following Lab Test Panels:

☐ **GP1:** Includes: cholesterol (total, HDL & LDL), triglycerides, glucose, and tests for thyroid, heart, liver and kidney function. Complete Blood Count (CBC) – red and white blood cell count. HbA1c – average glucose level for the last 3 months. C-Reactive Protein – indicator of protein inflammation of the arteries. Vitamin D – measure the amount of vitamin D in the blood. **Must FAST for accurate results.**

☐ **GP2:** Includes: cholesterol (total, HDL & LDL), triglycerides, glucose, and tests for thyroid, heart, liver and kidney function. Complete Blood Count (CBC) – red and white blood cell count. HbA1c – average glucose level for the last 3 months. C-Reactive Protein – indicator of protein inflammation of the arteries. Vitamin D – measure the amount of vitamin D in the blood. PSA – prostate specific antigen. **Must FAST for accurate results. Select this panel if you are male and over the age of 40 OR have a family history of prostate cancer.**

OPTIONAL TEST AVAILABLE UPON REQUEST

☐ Total Testosterone – \$3

I consent to having a blood sample drawn for the lab panel I selected above. I understand that this is a routine procedure, but that testing may involve risk of injury. I agree to release Gulf Power Company and HCA Healthcare, their affiliates, subsidiaries, employees and agents from any and all liability for any injury or damage resulting from my participation in this testing.

All lab results will be processed by an HCA Healthcare lab. I understand that the results of this testing will be reviewed by an HCA medical professional. If results indicate critical values for any of the lab tests, I understand that I will be contacted by an HCA medical professional and encouraged to follow up with my physician. Gulf Power Company's SouthernLifeStyle Program will not receive individual lab results. My employee name, Southern Company ID number and date of completion only, will be shared with Gulf Power Company's SouthernLifeStyle Rewards program in order to provide Healthy Rewards incentive HRA dollars and wellness premium credit allocation.

I understand that my participation is voluntary and that I may stop participating at any time without penalty.

Signature: _____

Your lab results will be mailed to your home address as well as posted on your online personal lab portal within 10 days. You will be notified by email when your lab results are posted and provided a link with instructions for access.

-----STOP...NURSE TO FILL IN BELOW-----

Nurse Notes:

Attempt to contact: Date: _____ Date: _____ Date: _____

☐ Contact completed & critical values reviewed: Date: _____

_____ collected by _____ date/time _____ ordering physician