

Condition Management:

Improve Your Numbers



Keep up your healthy routines in an effort to improve your biometric screening values on your own. Take this form to your healthcare provider or visit your onsite WellNurse to retest any triggered values.

Return this form to your WellNurse to review for condition management credit.

WellNurse only Value at Original Biometric Screening: Date of Screening _____

- BMI _____ Cholesterol _____ Blood Sugar _____ Blood Pressure _____
 % body fat _____ TC/HDL ratio _____ Fasting Non-fasting

Value Recheck Date: _____ (Must be on or after biometric screening date)

HEALTH PARAMETER	Re-Tested VALUE
BMI	
% Body Fat	
Total Cholesterol	
TC/HDL ratio	
Fasting Blood Sugar	
Non-fasting Blood Sugar	
HgA1c Hx of DM? Y N	
Blood Pressure	

Cigna WellNurse/Healthcare Provider signature: _____

Condition Management program credit? (**WellNurse only**) Y N

Participant Name: _____ DOB: _____
Property: _____ Phone #: _____ Email: _____
Circle one: Employee Spouse Participant Signature: _____

If you have questions about your progress in the program, please call 800-591-9220 or see your WellNurse.

Improved values do not impact bonus eligibility.

Revised: 5/1/2018