

First Name _____ Last Name _____

CCM ID# _____ Date of Birth: ____ / ____ / ____
MM DD YYYY

These measurements can be taken yourself, as long as they are witnessed and signed by another adult.

**Note: If you are of an athletic build, with high muscle mass, a body composition may apply. Please request the additional measurement form by emailing the Health & Wellness Team at, Health@Medishare.com.*

Measurements

These measurements need to be taken and submitted within 30 days..

Please list medication and/or supplements you are currently taking: _____

Height (without shoes): _____ inches **Weight** (without shoes): _____ pounds

Estimated weight of clothing during weighing: _____ lbs.

Abdominal Circumference Measurement (at navel; abdomen relaxed) _____ inches

Measure over bare skin from the navel. The cloth tape measure should be snug but not indent the skin. The number that meets the "0" after you have circled your entire Abdominal Circumference is your Abdominal Circumference measurement. Do not round up/ down or use your pants size.

Blood Pressure

	1	2	3
Systolic Blood Pressure *	_____	_____	_____
Diastolic Blood Pressure *	_____	_____	_____

**Note: If blood pressure is $\geq 130/85$, please confirm through 2 repeat measurements on the same day, we will average the three measures.*

Lab Draw

Please order the following lab tests and provide a copy of the results within 90 days of the lab draw.

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Fasting Total Cholesterol (mg/dl) | <input checked="" type="checkbox"/> Fasting HDL Cholesterol (mg/dl) | <input checked="" type="checkbox"/> HbA1c – REQUIRED (NOT fasting glucose) |
| <input checked="" type="checkbox"/> Fasting Triglycerides | <input checked="" type="checkbox"/> Fasting LDL Cholesterol (mg/dl) | |

***For additional tips and instructions see page two.**

Please PRINT name of Witness: _____ Date: _____

I have witnessed and affirm that all of the above entries are accurately reported.

Signature of Witness: _____

Signature of Member: _____ Date: _____

Ordering Discounted Labs

Visit Grassroots Labs www.grassrootslabs.com for placing affordable, convenient lab testing orders online. No doctor's order required. Grassroots Labs is offered in most states.

- Order the Lipid Panel and Hemoglobin A1c (HbA1c) Panel - Medi-Share.
- Download the requisition form from the Grassroots Labs website.
- Bring your requisition to the lab with you.
- For added convenience, authorize Grassroots Labs to send your results, on your behalf, to Medi-Share's Health and Wellness Department.

For more information on ordering lab tests, visit your Medi-Share Member Center > Lab Discounts

This information is being provided to CCM members as a courtesy so they can take advantage of the cost savings offered. Christian Care Ministry does not endorse these companies. It is also important to note that according to the Medi-Share Guidelines, well patient care, including routine lab studies, is not shareable.

Lab Draw Tips

- Fast between 8-12 hours prior to a triglyceride test for the most accurate results. (A prolonged fast can raise cholesterol levels.)
- Stay well-hydrated by drinking 8-10 glasses of water per day for 72 hours before testing.
- Some medications and supplements can affect your results. Please list all your meds.
- Be well-rested and stay calm. Undue anxiety and nervousness can affect blood pressure and some lab values.
- Blood drawn from a vein is more reliable than a finger stick. Finger stick samples may need to be repeated, especially if the finger was squeezed or milked to get the blood drop.
- Laboratories often discount a combined lipid and HbA1c test.

Blood Pressure Tips

- Sit for 5 minutes before you check your blood pressure.
- Position is important for obtaining accurate results.
- Place your elbow on a table at the level of your heart for testing and keep your feet uncrossed and touching the floor.
- The left arm is usually the most accurate.
- Consider having your BP retested if the results come back over 135/85.