

# My Biometric Results

**HEIGHT:**  ft  in

**WEIGHT:**  lbs

**WAIST:**  
(measure at navel)  in

**GLUCOSE:**

**BLOOD PRESSURE:**

Systolic

Diastolic

**CHOLESTEROL:**

HDL

Total



If you have an upcoming appointment for a **well visit\*** with your in-network primary care Physician (PCP) take this form with you to review the lab work needed to complete the **Health Risk Assessment\*\***. Write down your lab results on the form and have it with you when you go online to complete the Health Risk Assessment.

**BE SURE TO COMPLETE THE HEALTH RISK ASSESSMENT THAT CORRELATES TO YOUR 2019 MEDICAL COVERAGE.**

[www.azblue.com](http://www.azblue.com)

[www.aetna.com/cityofphoenix](http://www.aetna.com/cityofphoenix)

\*A well visit is a general check-up with your in-network primary care physician or OB/Gyn. These visits will be no cost to you when you receive a clean bill of health. When your well visit includes new or existing health concerns, a co-pay, deductible or coinsurance is required. Either way, the visit counts

\*\* The Health Risk Assessment (HRA) must be completed at [www.azblue.com](http://www.azblue.com) or [www.aetna.com/cityofphoenix](http://www.aetna.com/cityofphoenix) and must include blood pressure, blood glucose, total cholesterol, HDL cholesterol, height, weight, and waist circumference.