

Dear Participant,

Larimer County is offering you the opportunity to participate in our wellness program. You have been pre-approved to participate in a screening through your own physician or with the Wellness Clinic*. Please complete the following steps to ensure your results are received in a timely manner.

*If you complete your screening with the Wellness Clinic, this form is not required.

1. Make a biometric screening or a physical appointment with your Primary Care Physician. This appointment will need to be completed between 10/1/2025 - 9/30/2026.
2. Keep your scheduled appointment for a physical only. Do not include a visit for your physical with other visits, like being sick for example. Make sure that you complete the participant sections of the "Physician Wellness Screening Results Form" prior to your doctor's appointment.
3. Remember to fast 12 hours prior to your appointment. Nothing to eat or drink except water. Take medication as prescribed, and if you are unable to fast due to a medical condition, please follow your doctor's orders.
4. Take the "Physician Wellness Screening Results Form" to your appointment. Ask your physician to fill out the "Biometric Screening Results" section of the form with your physical results. Don't forget to fill out the rest of the form yourself.
5. Remind your physician that this information is time sensitive. Physician signature must be present to process results. If you meet 3 out of 5 criteria, you will receive credit for meeting the criteria and for completing the biometric screening. If you do NOT meet 3 out of 5 criteria, alternate course(s) will be required on the Navigate portal. The deadline to complete all applicable course(s) is 10/7/2026.
6. Submit the "Physician Wellness Screening Form" directly to the Navigate portal or through the Navigate Wellbeing App on or before 09/30/2026 at 5pm MT.
 - a. To upload via the Navigate Portal, you must first have created your account. To create your account, click "JOIN NOW" and follow the registration steps. Your Unique ID is your full six-digit UKG employee number. Your Spouse's Unique ID is the Employee's full six-digit UKG employee number with an S on the end. For example, "099999S" no dashes or slashes.
 - i. If you have already created your account, log in with your username and password and then upload the form.
 - b. To upload via the Navigate Wellbeing App, you must first have created your account on the Navigate Portal. Log into the App with your portal username and password and then complete the form upload process.
7. Results are posted, and activity completion is updated on the Navigate portal within 10 business days. If you do not see your results posted or are having troubles uploading the form to the portal, please call Navigate at 877.646.6580.
- 8. Please DO NOT submit any form or documentation to Human Resources directly, as we are not allowed to receive this information to remain HIPAA compliant.**

Physician Form

Participant Information (Completed by patient - please print)

LAST NAME:

MIDDLE INITIAL:

SEX: Male Female Other
 Prefer not to answer

FIRST NAME:

PHONE NUMBER: - - -

BIRTH DATE: / /

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

EMPLOYER NAME:

EMAIL:

PARTICIPANT'S SIGNATURE (REQUIRED): _____ DATE: _____

PARTICIPANT'S NAME (PLEASE PRINT): _____

Biometric Screening Results (Completed by provider)

EXAMINATION DATE: / /

HEIGHT: Not Required

BLOOD PRESSURE mmHg: Required

N/A

FT.

IN.

/

WEIGHT (LBS): Not Required

BODY FAT %: Not Required

TOTAL CHOLESTEROL: Required

N/A

N/A

WAIST CIRCUMFERENCE (INCHES): Required

A1C: Optional

TRIGLYCERIDES: Required LDL: Required

BMI: Not Required

COTININE: Not Required

HDL: Required

BLOOD GLUCOSE: Required

Fasting

N/A

N/A

PHYSICIAN'S SIGNATURE (REQUIRED): _____

DATE: _____

PHYSICIAN'S NAME (PLEASE PRINT): _____

Please upload to the wellbeing portal once completed.

