

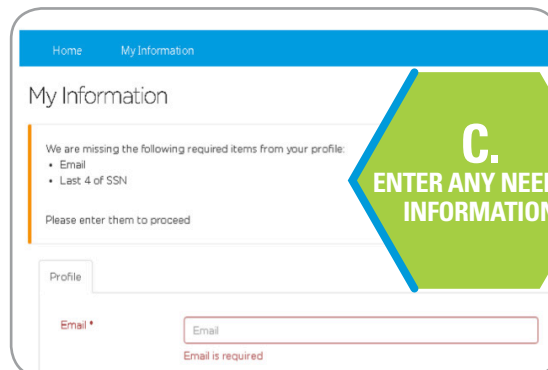
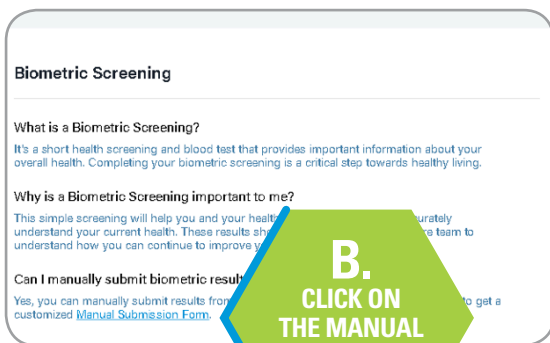
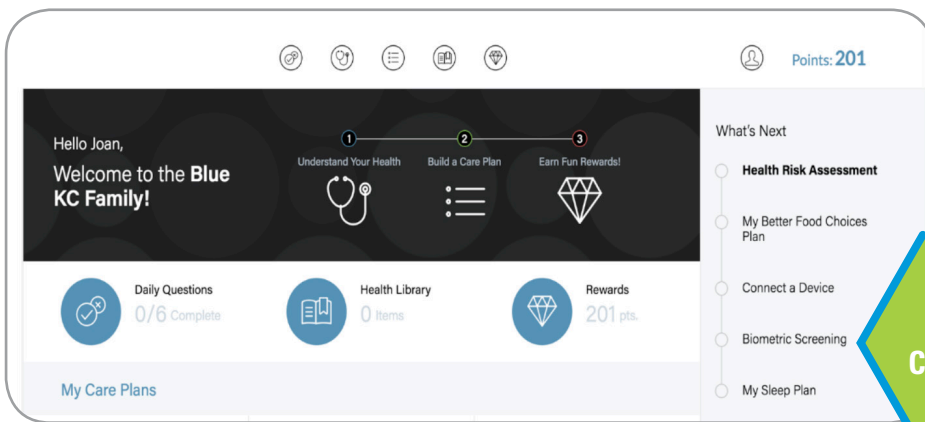


Kansas City



How to Register for Physician Screening (Manual Submission Form)


1. Visit MyBlueKC.com or download the [Blue KC-A Healthier You App](#).
*Use browser: Chrome
2. Enter your username and password, and click **LOG IN**. If you are a first time visitor, click **REGISTER NOW**. Be sure to have your member ID card available to reference.
3. Once logged in, click on **A Healthier You** from the **My Home** page.
4. First time users will be prompted to complete the registration personalization questions.





Kansas City






ONSITE SCREENING

click below to schedule appointment

[Click to Select](#)



PHYSICIAN SCREENING

click below to use your own physician

[Click to Select](#)

D.
**CLICK TO SELECT
 PHYSICIAN
 SCREENING**

Home
My Information
Alan
Logout

Physician Submission Screening Consents

Please read carefully the consents below

Consents for screening key:

E.
**COMPLETE THE
 CONSENT FORMS
 BELOW**

Health Screening Consent

Participating: By participating in the screening, the participant consents to the collection of blood sample(s) (total cholesterol, HDL, LDL, triglycerides, glucose, and similar information) and receipt of information for these test(s). This health information will be gathered by testing a blood sample obtained from the participant. The participant understands that the collection of blood through a needle may cause a little pain, and that there is a small chance the needle could cause bleeding, a bruise or (rarely) an infection. The participant understands that the health screening performed will require a technician to draw his/her blood with a needle, and the participant hereby consents to the technician drawing his/her blood with a needle. The participant also consents to the collection of additional biometrics (height, weight, and blood pressure). The participant hereby releases eHealthScreenings, LLC, and any other organizations associated with this testing, parent and affiliate companies, successors and assigns, officers, directors, and employees from

I Agree [Printer Friendly](#)

HIPAA Authorization

Participation in your employer-sponsored wellness program is strictly voluntary, but if you do not agree to this authorization, you may not participate in the health screening.

Upon ACCEPTANCE, I authorize EHS (eHealthScreenings), its affiliates, authorized vendors and representatives to collect, use, disclose and/or receive Health Screening Information for purposes of performing my personal health screening, and/or related services. I understand and agree that my Health Screening Information includes but is not limited to general information collected (ex: name, address, age, DOB, etc.), biometric measurements collected (ex: blood pressure, blood glucose, height, weight), and blood specimens collected (ex: cholesterol, HDL, LDL, triglycerides, nicotine, glucose). Your results may be disclosed in detail to your Health and Wellness Program Administrator, and may also be disclosed in

I Agree [Printer Friendly](#)

- A confirmation page will appear for your review and a confirmation email will be sent to the communications email you have with Blue KC.
- You will receive your manual submission form via email within one business day. Please read the directions in the email to access your manual submission form.
- You may also download a copy of the screening for by clicking on the My Appointments Tab.