

If you choose to see your Primary Care Physician for our biometric screening you may bring this form to make sure you get all of the information you will need. You DO NOT need to turn the form in to your employer (NAU). The information from your screening is needed to complete your **My BluePrint Health Assessment** online.

My Biometric Results

Name: _____

Date Completed: _____

Health Indicator	My Results	Normal Values
Weight		
Height		
Waist Circumference		
Blood Pressure		Systolic <120 & Diastolic <80 Normal
Glucose		
Total Cholesterol		< 200 Desirable 200-239 Borderline High >240 High
HDL Cholesterol		<40 High Risk >60 Desirable

My BluePrint Health Assessment

You need to enter this information into your **My BluePrint Health Assessment** to earn your premium discount.

1. Go to <http://www.azblue.com>
2. Login or register
3. Click on the **‘Health and Wellness’** tab on the left.
4. Click on **‘My Blue Print Assessment’**
5. You will be asked a series of questions. At the end you must end your results from your biometric screening.

Contact the BCBSAZ E-Solutions Center: 800-650-5656/602-844-4844 for assistance with azblue.com registration and login.

This form is for your use only. DO NOT submit this form to your Human Resources Department.