

Health Care Provider Form

Rockwell Automation employees may submit a health care provider form to StayWell if you: (1) prefer to receive your screening values from your primary care provider; (2) work at a location that does not have a company-sponsored Numbers@Work health screening; (3) are unable to attend a Numbers@Work health screening; (4) choose not to submit a home test kit; or (5) submit a home test kit for your blood work and also want to submit your height/weight (BMI) and blood pressure.

Screening results must be from on or after Jan. 1, 2013. Forms must be received at StayWell by Dec. 31, 2013.

COMPLETED BY PARTICIPANT:

Last Name:

First Name: Male: Female:

Date of Birth: - - Last 4 digits of Social Security Number:
(MM) (DD) (YYYY)

Consent to Use Information. I understand that StayWell may use personally identifiable information obtained on this Health Care Provider form, including, but not limited to, my name, my date of birth, and my screening results (my "Personal Information") to provide health management services to me, which includes using the Personal Information to inform me of relevant health related and health education programs offered by StayWell or by another service contractor. In the event that StayWell's services are transitioned to another service provider, StayWell may deliver my Personal Information to the successor provider to maintain a continuity of services for me. In order to distribute any incentives to me and/or to provide program participation information to Rockwell Automation, StayWell may provide my name/date of birth to Rockwell Automation or its designated representative to notify them of whether I am eligible for the incentive.

In addition to any Personal Information disclosed as set forth above, aggregate results, without any identifiable Personal Information, may be made available to Rockwell Automation for program reporting purposes. StayWell and other contracted data analysis companies may also use my Personal Information as part of group statistical research and analysis. I also understand that my information may be entered into my Health Risk Questionnaire results by StayWell. Except for these types of uses and the uses specified in my StayWell Online privacy policy/terms of use, my Personal Information will not be disclosed by StayWell.

I certify that the information supplied on this form has been provided to me by my health care provider, and I understand that StayWell may contact my health care provider listed above with questions regarding my information.

My submission of this form confirms that I agree to all of its terms and that I authorize StayWell to process my information accordingly.

COMPLETED BY PROVIDER:

Exam date: _____

| Screening exam | Patient results | | Target range for Achievement incentive |
|----------------------------|----------------------------------|--------------------------------------|--|
| Height – feet & inches | Feet | Inches | 18.5-25 BMI* or waist measurement in target range |
| Weight – pounds | | | |
| Waist Measurement – inches | | | Men less than 40"; women less than 35" |
| Blood Pressure | / | | 120/80 mmHg or less |
| Total Cholesterol | | | Less than or equal to 199 mg/dL or total cholesterol/HDL ratio less than 5* |
| HDL Cholesterol | | | Greater than 40 mg/dL (note: no incentive) |
| LDL Cholesterol | | | Less than 130 mg/dL (note: no incentive) |
| Triglycerides | | | Less than 150 mg/dL (note: no incentive) |
| Glucose | | | Fasting: 70-100 mg/dL Non-Fasting: 70-180 mg/dL (non-fasting) |
| Fasting Status | <input type="checkbox"/> Fasting | <input type="checkbox"/> Non-fasting | |

*BMI and cholesterol ratio will be calculated for the patient by the StayWell Points Bank upon entry of height/weight and total/HDL, respectively.

Health Care Provider Name: _____ Phone: _____

In 2013, employees can earn \$50 toward their 2014 medical premiums for each target met (BMI, blood pressure, cholesterol, glucose). An additional \$50 can be earned for meeting the cardiorespiratory fitness target; the submission form and instructions for this self-administered test are on the following pages. Note: A screening and HRQ are **required** to receive any incentive.

Requirements: Complete this form in full. Incomplete or late submissions may delay or eliminate your patient from incentive eligibility.
 Submit this form to be received at StayWell by **Dec. 31, 2013** using one of the following methods:

Mail to: StayWell Health Management
 Attn: Screening Team
 PO Box 21427
 St. Paul, MN 55121

Fax to: 1-800-895-1860
 Please **do not** use a fax cover page
 *Allow 12-14 business days for processing

Self-Administered Cardiorespiratory Test: Submission Form

Only this page (p. 2) needs to be returned to StayWell to be considered for cardiorespiratory test credit. Forms must be received at StayWell by Dec. 31, 2013. Use the instructions that follow to successfully complete the Cardiorespiratory Test. If you need assistance calculating your score, call the StayWell HelpLine at 1-800-721-2696.

COMPLETED BY PARTICIPANT:

Last Name:

First Name: Male: Female:

Date of Birth: - - Last 4 digits of Social Security Number:
(MM) (DD) (YYYY)

Consent to Use Information. I understand that StayWell may use personally identifiable information obtained on this Submission Form, including, but not limited to, my name, my date of birth, and my results (my "Personal Information") to provide health management services to me, which includes using the Personal Information to inform me of relevant health related and health education programs offered by StayWell or by another service contractor. In the event that StayWell's services are transitioned to another service provider, StayWell may deliver my Personal Information to the successor provider to maintain a continuity of services for me. In order to distribute any incentives to me and/or to provide program participation information to Rockwell Automation, StayWell may provide my name/date of birth to Rockwell Automation or its designated representative to notify them of whether I am eligible for the incentive.

In addition to any Personal Information disclosed as set forth above, aggregate results, without any identifiable Personal Information, may be made available to Rockwell Automation for program reporting purposes. StayWell and other contracted data analysis companies may also use my Personal Information as part of group statistical research and analysis. I also understand that my information may be entered into my Points Bank by StayWell. Except for these types of uses and the uses specified in my StayWell Online privacy policy/terms of use, my Personal Information will not be disclosed by StayWell.

My submission of this form confirms that I agree to all of its terms and that I authorize StayWell to process my information accordingly.

My Results

| | |
|--|--|
| <p>Did My Score meet the target range for my age and gender (refer to pages 5-6)?</p> | <p>Yes, met target range: _____</p> <p>No, did not meet target range: _____</p> <p>Score: _____</p> |
|--|--|

In 2013, employees can earn \$50 toward their 2014 medical premiums for meeting the target range for the cardiorespiratory fitness test.

Note: A screening and HRQ are **required** to receive any incentive.

- Requirements:**
- Complete page 2 in full. Incomplete or late submissions may delay or eliminate you from incentive eligibility.
 - Submit page 2 to be received at StayWell by **Dec. 31, 2013** using one of the following methods:

| | |
|-------------------------------------|--|
| Mail to: StayWell Health Management | Fax to: 1-800-895-1860 |
| Attn: Screening Team | <i>Please do not use a fax cover page</i> |
| PO Box 21427 | <i>*Allow 12-14 business days for processing</i> |
| St. Paul, MN 55121 | |

Self-Administered Cardiorespiratory Test

READ THIS ENTIRE DOCUMENT BEFORE ATTEMPTING TO ADMINISTER THE TEST

Overview

Rockwell Automation employees may self-administer the cardiorespiratory test as an alternative to the three-minute step test available at onsite screenings. You may do the self-administered test if you: (1) work at a location that does not have a company-sponsored Numbers@Work health screening with step test; (2) are unable to attend a Numbers@Work health screening with step test; (3) prefer to receive your screening values from your primary care provider, which would only offer cardiorespiratory testing to those who clinically require it; or (4) submit a home test kit for your blood work and also want to submit your cardiorespiratory results.

Purpose

Your cardiovascular fitness level will be determined by measuring your heart rate after walking as fast as you can for 1 mile. Cardiovascular fitness is the ability of the heart and lungs to efficiently supply oxygen and nutrients to working muscles, allowing you to perform physical activity over a long period of time. The faster your heart rate recovers after activity, the better your cardiovascular fitness. Regular physical activity can improve your recovery heart rate and reduce the risk of heart disease and unhealthy weight gain.

Equipment Required

- 1-mile track, 1-mile flat course, or treadmill
- Scale
- Stopwatch
- Pen and paper
- Athletic shoes and comfortable clothing

Special Considerations

- If you have health concerns, a history of high blood pressure or a heart condition, you must consult with a doctor before participating.
- If you do not exercise regularly, allow extra time for warming up and cooling down.
- Feel free to ask a family member or friend to help monitor and record results.
- Be aware that caffeine or nicotine consumption on the day of the test may impact heart rate.

Before You Start

Before you start preparing, take the Physical Activity Readiness Questionnaire to see if you are physically able to complete the cardiorespiratory fitness test:

1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
2. Do you feel pain in your chest when you do physical activity?
3. In the past month, have you had chest pain when you were not doing physical activity?
4. Do you lose your balance because of dizziness or do you ever lose consciousness?
5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?
6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
7. Do you know of any other reason why you should not do physical activity?

If you answered yes to any of the above questions, consult your doctor before taking the cardiorespiratory test.

How to Prepare

1. Identify your course. A walking track is preferred, or you can measure a 1-mile flat course. You may also use a treadmill. If the course is outdoors, you will want to choose a calm day to do your test.
2. Practice taking your pulse (or you may use a heart monitor if you have access to one). Here's how:
 - a. Gently place the forefinger and middle finger of one hand on your opposite wrist with the palm facing up.
 - b. Your fingers should be just below the wrist creases at the base of the thumb. Nestle your fingers to the outside of the large tendon that pops up if you bend your wrist toward you.
 - c. Press lightly until you feel blood pulsing under your fingers—you may need to move your fingers around until you feel a pulse.
 - d. Count the beats for 15 seconds and multiply that number by 4.

Take the Cardiorespiratory Test

1. Go to the course and spend 5 – 10 minutes warming up by walking at a comfortable pace.
 - a. If you are using a treadmill, set the incline to zero.
2. Start the stopwatch and walk as fast as you can while being safe for 1 mile.
 - a. Do not run—remember, this is a walking test.
 - b. Stop the test if you become dizzy, nauseous or light-headed.
3. Stop the stopwatch as soon as you finish 1 mile and record the time to the nearest second.
4. Take your pulse immediately. Remember to take your pulse for 15 seconds and multiply the result by 4 to obtain your beats per minute. Record the results.
5. Spend 5 – 10 minutes cooling down by walking at a comfortable pace.
6. On pages 5 – 6, record your results, calculate your score and identify if you met the healthy target for your gender and age.
7. Complete page 2; send page 2 only to StayWell by Dec. 31, 2013.

Questions?

Call the StayWell HelpLine at 1-800-721-2696. Hours are Monday through Thursday from 8 a.m. to 8 p.m. Central time; Friday from 8 a.m. to 6 p.m. Central time; and Saturday from 8 a.m. to noon Central time.

Fill in My Results

Record your results as follows:

| | A Weight in pounds | B Age in years | C Male = 1 Female = 0 | D Time in minutes, as a decimal | E Heart rate in beats per minute |
|-------------------|---------------------------------|--------------------------|------------------------------------|---|--|
| My Results | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

My Calculation

Calculate your score using your results above and the equation below or call the StayWell HelpLine at 1-800-721-2696, and StayWell will calculate your results for you.

1. A sample calculation is provided below

| | | | | | | | | | | |
|-----------------------------|-----------|----------------------|----------------------|----------------------|----------------------|----------------------|---|----------------------|---|----------------------|
| Calculate My Results | 132.853 - | <input type="text"/> | | | | |
| Formula | 132.853 - | (0.0769 x A) | - | (0.3877 x B) | + | (6.315 x C) | - | (3.2649 x D) | - | (0.1565 x E) |

2. Record your score from above calculation:

| | |
|-----------------|----------------------|
| My Score | <input type="text"/> |
|-----------------|----------------------|

Sample Calculation

1. See below for a sample calculation for a 48-year-old male weighing 185 pounds, who completed the cardiorespiratory test in 14 minutes, 30 seconds with an ending heart rate of 117 beats per minute.

| | A Weight in pounds | B Age in years | C Male = 1 Female = 0 | D Time in minutes, as a decimal | E Heart rate in beats per minute | | | | | |
|---------------------------------|----------------------------------|--------------------------------------|--------------------------------------|---|--|--------------------------------------|---|----------------------|---|----------------------|
| Sample Results | <input type="text" value="185"/> | <input type="text" value="48"/> | <input type="text" value="1"/> | <input type="text" value="14.5"/> | <input type="text" value="117"/> | | | | | |
| Calculate Sample Results | 132.853 - | <input type="text" value="14.2265"/> | <input type="text" value="18.6096"/> | <input type="text" value="6.315"/> | <input type="text" value="47.3410"/> | <input type="text" value="18.3105"/> | | | | |
| Formula | 132.853 - | (0.0769 x A) | - | (0.3877 x B) | + | (6.315 x C) | - | (3.2649 x D) | - | (0.1565 x E) |

2. Score from above calculation:

| | |
|---------------------|------------------------------------|
| Sample Score | <input type="text" value="40.68"/> |
|---------------------|------------------------------------|

Target Range for Achievement Incentive

Compare your score to the norms below for your gender and age, and identify if you have met the target range for the Achievement incentive.

MEN – Target Range Based on Age

| Age | Target Range Met | | | Target Range Not Met | | |
|-------|------------------|------------------|-------------|----------------------|-------------|------------------|
| | <i>Superior</i> | <i>Excellent</i> | <i>Good</i> | <i>Fair</i> | <i>Poor</i> | <i>Very Poor</i> |
| ≤19 | >55.9 | 51.0 - 55.9 | 45.2 - 50.9 | 38.4 - 45.1 | 35.0 - 38.3 | <35.0 |
| 20-29 | >52.4 | 46.5 - 52.4 | 42.5 - 46.4 | 36.5 - 42.4 | 33.0 - 36.4 | <33.0 |
| 30-39 | >49.4 | 45.0 - 49.4 | 41.0 - 44.9 | 35.5 - 40.9 | 31.5 - 35.4 | <31.5 |
| 40-49 | >48.0 | 43.8 - 48.0 | 39.0 - 43.7 | 33.6 - 38.9 | 30.2 - 33.5 | <30.2 |
| 50-59 | >45.3 | 41.0 - 45.3 | 35.8 - 40.9 | 31.0 - 35.7 | 26.1 - 30.9 | <26.1 |
| ≥60 | >44.2 | 36.5 - 44.2 | 32.3 - 36.4 | 26.1 - 32.2 | 20.5 - 26.0 | <20.5 |

WOMEN – Target Range Based on Age

| Age | Target Range Met | | | Target Range Not Met | | |
|-------|------------------|------------------|-------------|----------------------|-------------|------------------|
| | <i>Superior</i> | <i>Excellent</i> | <i>Good</i> | <i>Fair</i> | <i>Poor</i> | <i>Very Poor</i> |
| ≤19 | >41.9 | 39.0 - 41.9 | 35.0 - 38.9 | 31.0 - 34.9 | 25.0 - 30.9 | <25.0 |
| 20-29 | >41.0 | 37.0 - 41.0 | 33.0 - 36.9 | 29.0 - 32.9 | 23.6 - 28.9 | <23.6 |
| 30-39 | >40.0 | 35.7 - 40.0 | 31.5 - 35.6 | 27.0 - 31.4 | 22.8 - 26.9 | <22.8 |
| 40-49 | >36.9 | 32.9 - 36.9 | 29.0 - 32.8 | 24.5 - 28.9 | 21.0 - 24.4 | <21.0 |
| 50-59 | >35.7 | 31.5 - 35.7 | 27.0 - 31.4 | 22.8 - 26.9 | 20.2 - 22.7 | <20.2 |
| ≥60 | >31.4 | 30.3 - 31.4 | 24.5 - 30.2 | 20.2 - 24.4 | 17.5 - 20.1 | <17.5 |

Source: The Physical Fitness Specialist Certification Manual, The Cooper Institute for Aerobics Research, Dallas TX, revised 1997 printed in Advance Fitness Assessment & Exercise Prescription, 3rd Edition, Vivian H. Heyward, 1998.

Sample Results

| | |
|--|--|
| <p>Did Sample Score meet the Target Range for age and gender?</p> | <p>Yes, met target range: <u> X </u> (in sample calculation, 48-year-old male with score of 40.68 is in "good" range above)</p> <p>No, did not meet target range: _____</p> <p>Score: _____ <u> Good </u> _____</p> |
|--|--|