

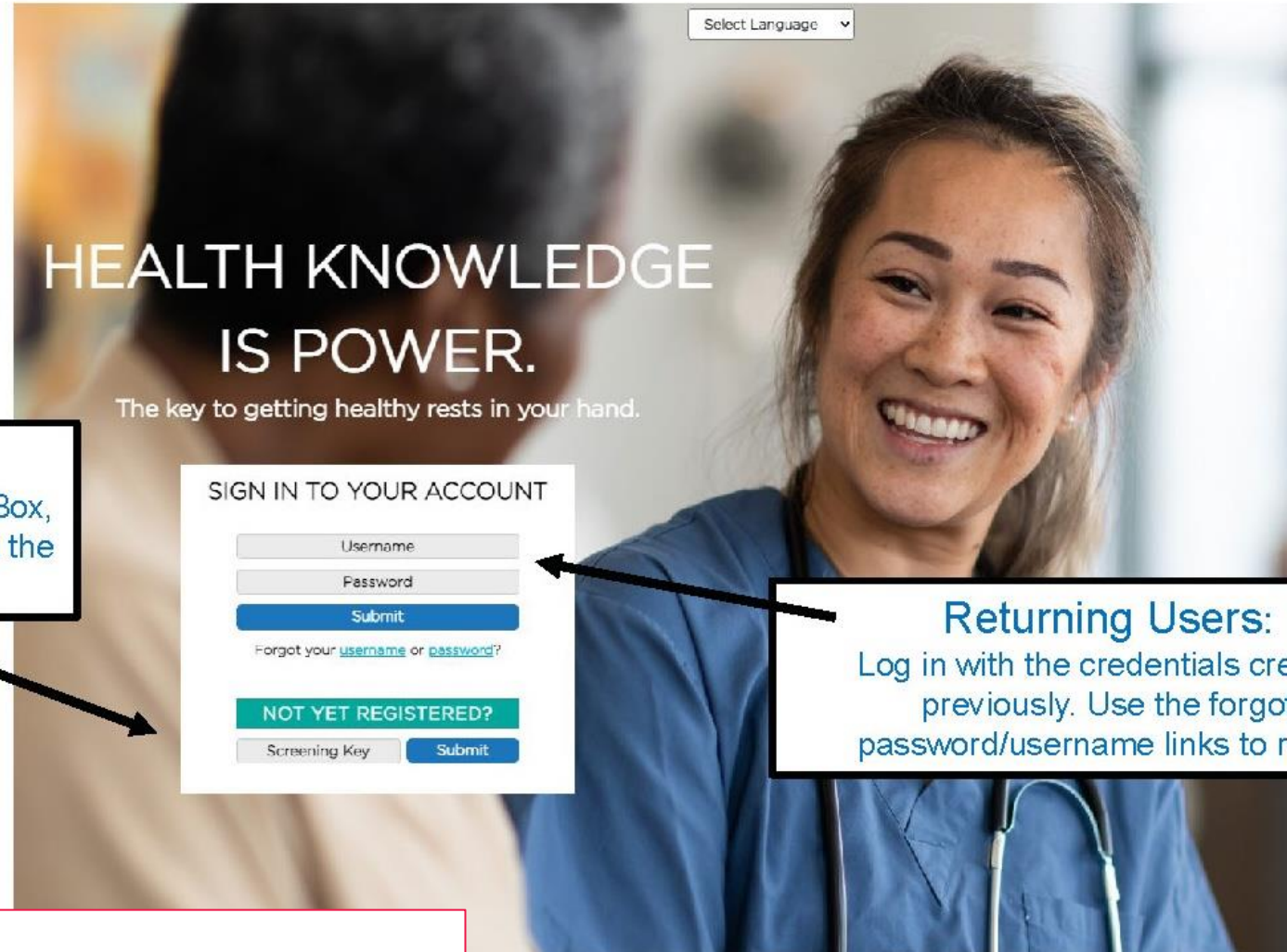


**2026**

# **WELLNES SCREENING eHEALTH REGISTRATION**

**COMFORT  
SYSTEMS** **USA.**

# LOG IN: ehealthscreenings.com



## New Users:

Under the NOT YET REGISTERED? Box, enter the assigned screening key from the registration flyer and click submit.

**Screening Key: LOC388**

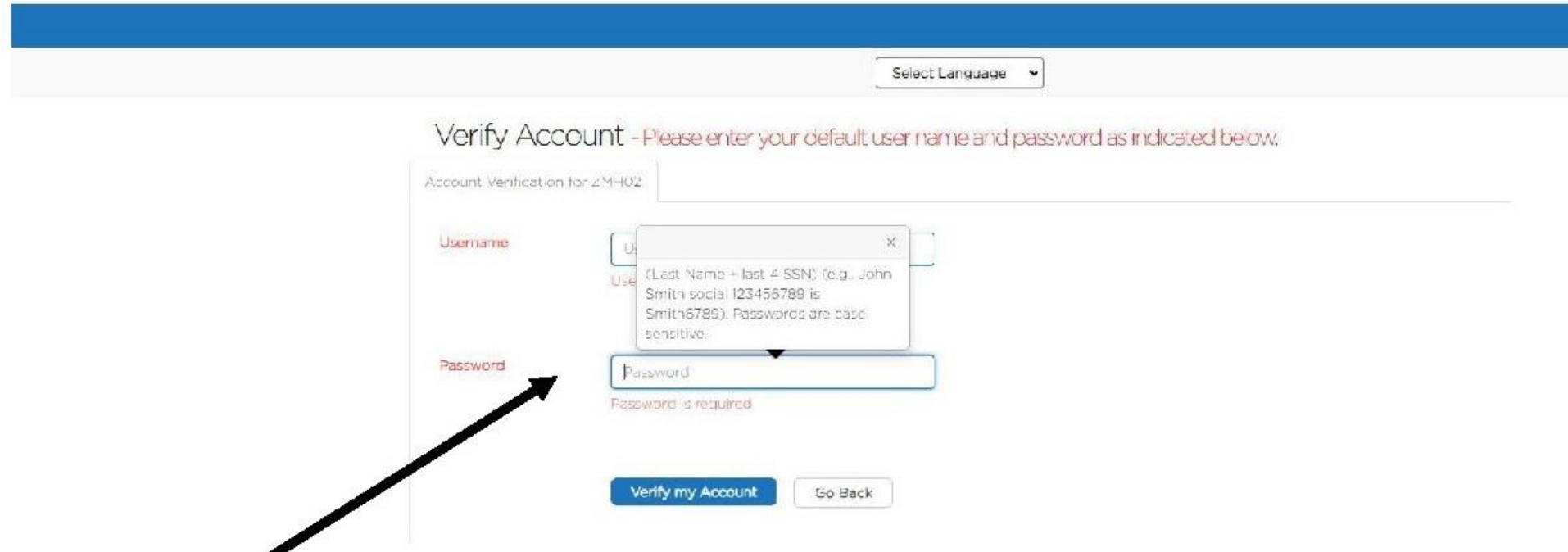
## Returning Users:

Log in with the credentials created previously. Use the forgot password/username links to reset.

## Need Registration Help?

Call **888-708-8807** (Mon.–Fri., 8 a.m.–7 p.m. ET).

# Create an Account



The screenshot shows a web interface for account verification. At the top, there is a blue header bar and a 'Select Language' dropdown menu. Below this, the main heading is 'Verify Account - Please enter your default user name and password as indicated below.' Underneath, it says 'Account Verification for 4M-H02'. There are two input fields: 'Username' and 'Password'. A tooltip is visible over the 'Username' field, displaying the text: '(Last Name + last 4 SSN) (e.g., John Smith social 123456789 is Smith6789). Passwords are case sensitive.' Below the 'Password' field, there is a red error message that says 'Password is required'. At the bottom of the form, there are two buttons: 'Verify my Account' and 'Go Back'. A large black arrow points from the bottom-left text box to the 'Password' input field.

## Enter the default credentials:

- **Username:** First Initial + Last Initial + DOB (MMDDYYYY)  
(example: John Smith born 4/23/1975 is JS04231975)
- **Password:** Last Name + Last 4 SSN  
(example: John Smith with social 123456789 is Smith6789)

# Verify or Update Account Information


Select Language ▾

CREATE ACCOUNT

**New Users:** Add your personal information to complete your account registration

**Returning Users:** Verify your details and update as needed

REGISTRATION PRO46

First Name *	<input type="text" value="First Name"/>
Last Name *	<input type="text" value="Last Name"/>
Username *	<input type="text" value="Username"/>
Password *	<div><input type="password" value="Password"/> <a href="#">Show Password</a></div>
Confirm Password *	<input type="password" value="Confirm Password"/>
Email *	<input type="text" value="Email"/>
Date of Birth *	<input type="text" value="Date of Birth"/> 
Legal Sex *	<div>Please select your legal sex ▾</div>
Last 4 of SSN *	<input type="text" value="Last 4 of SSN"/>
Phone *	<input type="text" value="Phone"/>

Register

Go Back

\* Indicates required field




# Register for a Screening

[Home](#) [My Information](#) [Firstname](#) [Logout](#)

Select Language ▾

SELECT AN OPTION




**Step 1**

Enter Screening Key

Schedule a screening  
Request physician screening form


CLICK TO SELECT



**Step 2**

Manage appointments  
Access forms  
Upload physician screening form

CLICK TO SELECT



**Step 3**

View current results  
View historical results  
Send to Doc

CLICK TO SELECT

**Screening Key: LOC388**

Use the **Select Language** drop box to choose a language other than English

For assistance, please contact our Customer Service Department at 1.888.708.8807. [Privacy](#) | [Contact Us](#)

**eHealthScreenings**  
A Premise Health company

# Select a Screening Type

## Select Your Preferred Service Type:


- **Physician Screening:** For doctor visits
- **Offsite Lab Screening:** FREE screening at an offsite lab
- **Onsite Screening:** *Do not select this option* – only available in select locations during Annual Enrollment

[Home](#) [My Information](#) LOC388test1 LOC388Test1 [Logout](#)

Select Language ▾

SELECT SERVICE TYPE

Schedule an appointment at your employer site. A technician will collect your results onsite and submit for processing.




ONSITE SCREENING

click below to schedule appointment

Click To Select

Download the Physician Screening Form and have your personal health care professional complete the information for you to submit for processing.




PHYSICIAN SCREENING

click below to use your own physician

Click To Select

Visit a partner lab location. Select a participating lab location nearest you and request the requisition form to take with you. The lab will complete the tests and submit your results for processing.



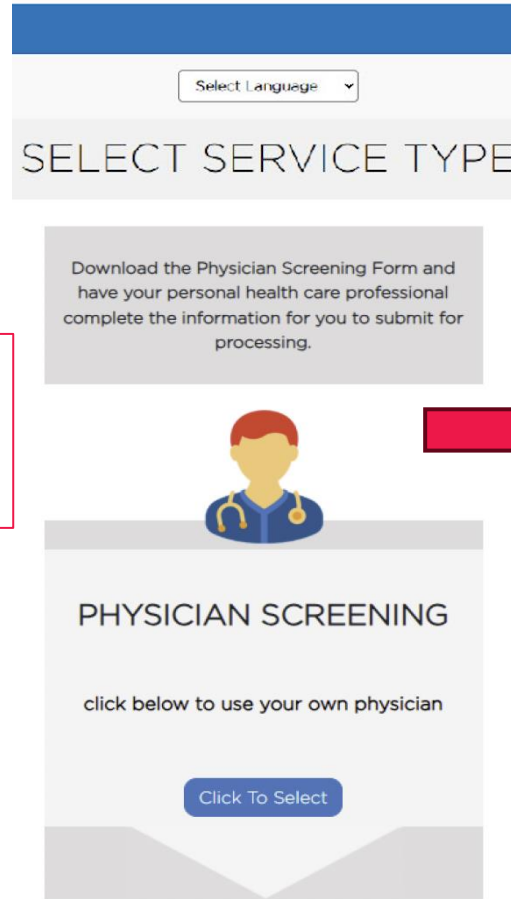
OFFSITE LAB SCREENING

click below to schedule a lab screening

Click To Select

# Physician Screening

Select **Physician Screening** and follow the prompts in the instructions.



Select Language

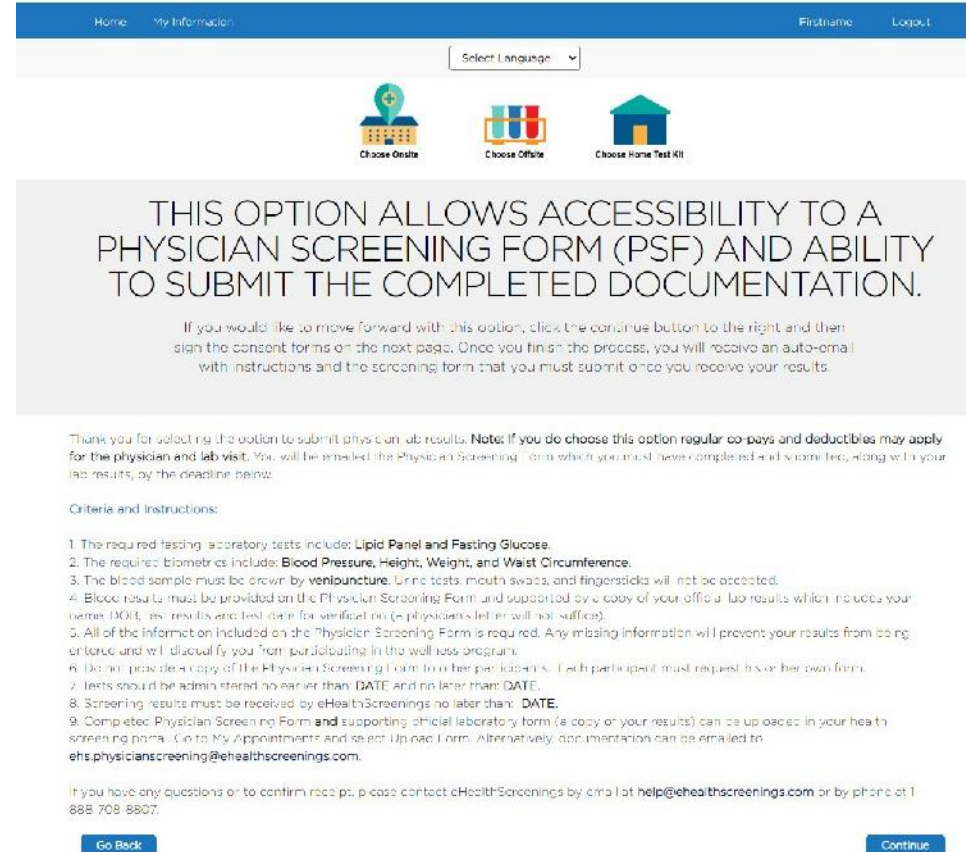
SELECT SERVICE TYPE

Download the Physician Screening Form and have your personal health care professional complete the information for you to submit for processing.

PHYSICIAN SCREENING

click below to use your own physician

Click To Select



Home My Information Firstname Logout

Select Language

Choose Onsite Choose Office Choose Home Test Kit

THIS OPTION ALLOWS ACCESSIBILITY TO A PHYSICIAN SCREENING FORM (PSF) AND ABILITY TO SUBMIT THE COMPLETED DOCUMENTATION.

If you would like to move forward with this option, click the continue button to the right and then sign the consent forms on the next page. Once you finish the process, you will receive an auto-email with instructions and the screening form that you must submit once you receive your results.

Thank you for selecting the option to submit physician lab results. **Note:** If you do choose this option regular co-pays and deductibles may apply for the physician and lab visit. You will be emailed the Physician Screening Form which you must have completed and submitted along with your lab results, by the deadline below.

Criteria and Instructions:

1. The required fasting laboratory tests include: **Lipid Panel and Fasting Glucose.**
2. The required biometrics include: **Blood Pressure, Height, Weight, and Waist Circumference.**
3. The blood sample must be drawn by **venipuncture**. Urine tests, mouth swabs, and fingersticks will not be accepted.
4. Blood results must be provided on the Physician Screening Form and supported by a copy of your official lab results which include your name, DOB, test results and test date for verification (a physician's letter will not suffice).
5. All of the information included on the Physician Screening Form is required. Any missing information will prevent your results from being entered and will disqualify you from participating in the wellness program.
6. Do not provide a copy of the Physician Screening Form to other participants. Each participant must request his or her own form.
7. Tests should be administered no earlier than **DATE** and no later than **DATE**.
8. Screening results must be received by eHealthScreenings no later than: **DATE**.
9. Completed Physician Screening Form and supporting official laboratory form (a copy of your results) can be uploaded in your health screening portal, into My Appointments and select Upload Form. Alternatively, documentation can be emailed to [ehs.physicianscreening@ehealthscreenings.com](mailto:ehs.physicianscreening@ehealthscreenings.com).

If you have any questions or to confirm receipt, please contact eHealthScreenings by email at [help@ehealthscreenings.com](mailto:help@ehealthscreenings.com) or by phone at 888.708.8807.

Go Back Continue

# Physician Screening

- Read and scroll through the Health Screening Consent
- Enter your first and last name as your signature
- Click **Continue**

[Home](#) [My Information](#) Firstname [Logout](#)

Select Language ▾

PHYSICIAN SCREENING CONSENT

Please read carefully the consents below and sign at the bottom.

Consents for screening key:

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

☐ I Agree (must scroll through consent)

Signature (First and Last Name):

Today's Date:

[Go Back](#) [Continue](#)



# Physician Screening

You will see a Confirmation with the details

- Download the Physician Screening Form
- Bring the form to your doctor to complete.

You will also receive an email with this information.

The screenshot shows a web application interface. At the top is a blue navigation bar with links for 'Home' and 'My Information' on the left, and 'Firstname' and 'Logout' on the right. Below the navigation bar is a light gray header area containing a 'Select Language' dropdown menu. The main content area has a heading 'CONFIRMATION' in a large, blue, sans-serif font. Below the heading is a paragraph of text: 'Thank you for registering for the option to submit your own physician/clinic results manually. If you would like to immediately access your form, please click the link below. Alternatively, within an hour, you will receive an email with a screening form and list of instructions for submission. Please contact eHS at 1.888.708.8807 for assistance.' This text is followed by a horizontal separator line. Below the line is a paragraph: 'As a reminder, the email address that we have on file for notifications is:' followed by the email address 'test@email.com' in a blue, monospace-style font. Below this is another paragraph: 'To edit go to the My Information tab.' followed by a blue link 'Click here to download your Physician Screening Form.' This is followed by another horizontal separator line. At the bottom is a paragraph: 'Click here to download a printer friendly version of Health Screening Consent' with a blue link.

Home My Information Firstname Logout

Select Language

## CONFIRMATION

Thank you for registering for the option to submit your own physician/clinic results manually. If you would like to immediately access your form, please click the link below. Alternatively, within an hour, you will receive an email with a screening form and list of instructions for submission. Please contact eHS at 1.888.708.8807 for assistance.

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As a reminder, the email address that we have on file for notifications is:

test@email.com

To edit go to the My Information tab.

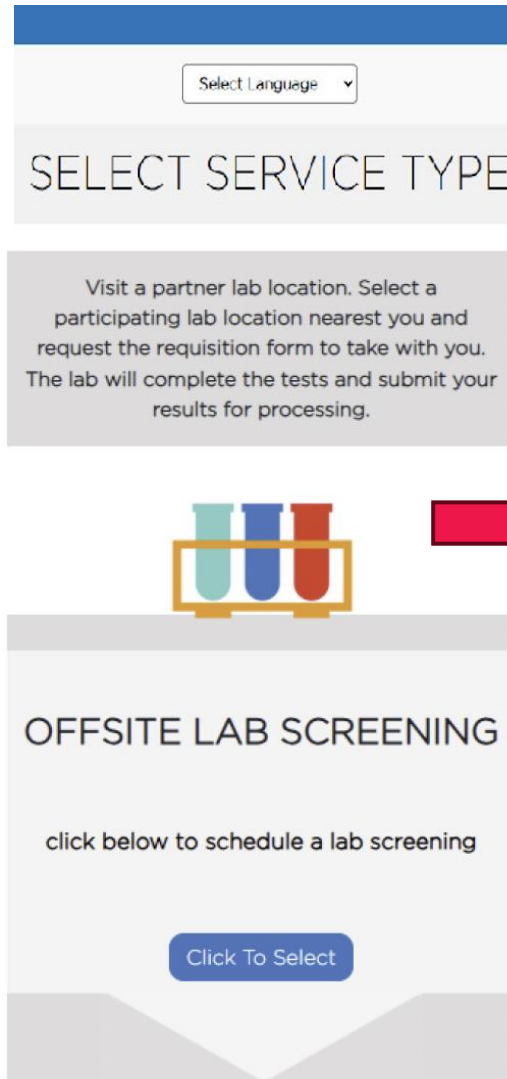
[Click here to download your Physician Screening Form.](#)

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[Click here to download a printer friendly version of Health Screening Consent](#)

# Off Site Screening


- Select Offsite Lab Screening
- Search for a Lab near you



Select Language

## SELECT SERVICE TYPE

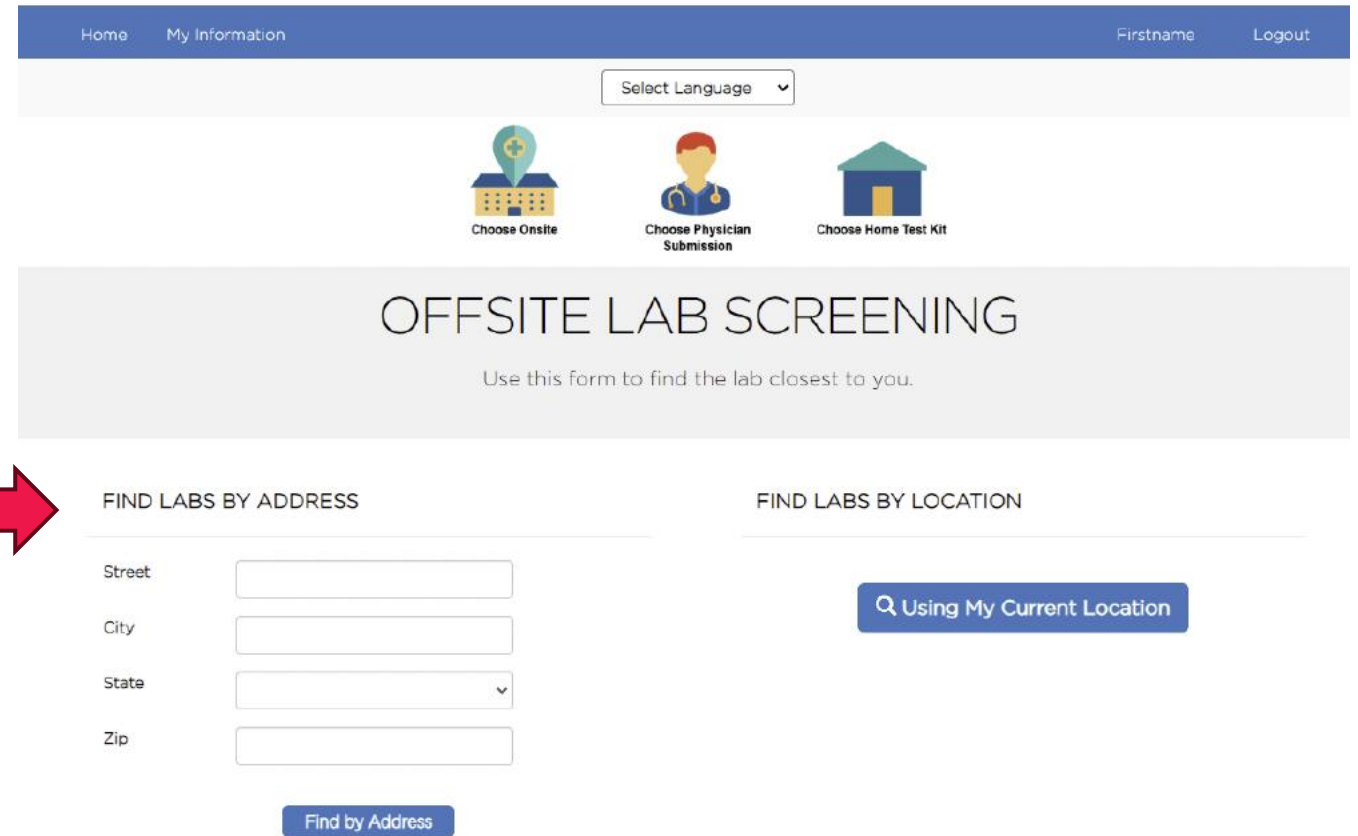
Visit a partner lab location. Select a participating lab location nearest you and request the requisition form to take with you. The lab will complete the tests and submit your results for processing.



## OFFSITE LAB SCREENING

click below to schedule a lab screening

Click To Select



Home My Information Firstname Logout

Select Language

Choose Onsite Choose Physician Submission Choose Home Test Kit

## OFFSITE LAB SCREENING

Use this form to find the lab closest to you.

### FIND LABS BY ADDRESS

Street

City

State

Zip

Find by Address

### FIND LABS BY LOCATION

Using My Current Location

# Off Site Screening

- Scroll through the list of lab locations
- Click **Select**

[Home](#)
[My Information](#)
[First Name](#)
[Logout](#)

Select Language

Choose Clinic

Choose Physician Submission

Choose Home Test Kit

OFFSITE LAB SCREENING

Use this form to find the lab closest to you.

FIND LABS BY ADDRESS

FIND LABS BY LOCATION

Street

City

State

Zip

Using My Current Location

Find by Address

Distance	Name	Address	Hours	Phone	
10.6 miles	LABCORP	3740 WILLOW LAND ROAD, SUITE 216 DALLAS, TX 75247	MON-FRI 8:30AM-4:30PM	972-709-3064 Fax: 972-709-5474	Select
10.7 miles	LABCORP	35 YORK DR., SUITE 101 DSCOTO, TX 75115	MON-FRI 8:00AM-4:15PM	972-296-0010 Fax: 972-296-7573	Select
10.8 miles	LABCORP	850 FREIGHTLINER RD., SUITE 100 CEDAR HILL, TX 75104	MON-FRI 8:00AM-4:30PM SAT 8:30AM-11:30AM	972-291-5109 Fax: 972-291-5109	Select
10.9 miles	LABCORP	7401 N. ROCKLEY, PAVILION III, SUITE 101 DALLAS, TX 75203	MON-FRI 8:30AM-4:30PM	214-642-7771 Fax: 214-642-7773	Select
12.7 miles	LABCORP	680 GASTON AVE, SUITE 101 DALLAS, TX 75216	MON-FRI 8:00AM-4:15PM	214-621-2371 Fax: 214-621-4304	Select

# Off Site Screening

- Read and scroll through the Health Screening Consent
- Enter your first and last name as your signature
- Click **Continue**

[Home](#) [My Information](#) Firstname [Logout](#)

Select Language ▾

OFFSITE LAB SCREENING CONSENT

Please read carefully the consents below and sign at the bottom.

Consents for screening key:

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

☐ I Agree (must scroll through consent)

Signature (First and Last Name):

Today's Date:

[Go Back](#) [Continue](#)

# Off Site Screening

You will see a Confirmation screen once the process is complete and an email will be sent to the email address you provided in your profile in about an hour.

[Home](#) [My Information](#) Firstname Logout

Select Language ▼

## CONFIRMATION

### Selected Lab

Name:	LABCORP
Address:	8001 VILLAGE DR, SUITE 202 SAN ANTONIO, TX 78217 <a href="#">Get Directions</a>
Hours:	MON-FRI 8:00AM-4:00PM
Phone:	210-646-0715 Fax: 210-646-7723

To edit go to the [My Information](#) tab.

[Click here to download a printer friendly version of Health Screening Consent](#)

Thank you for registering to participate in a screening at an offsite lab location! Your lab order form will be emailed to you within one hour.

If you have any questions please contact eHealthScreenings at [help@ehealthscreenings.com](mailto:help@ehealthscreenings.com) or by phone at 1.888.708.8807.

As a reminder, the email address that we have on file for notifications is:

[test@email.com](mailto:test@email.com)



# Off Site Screening

Now you need to select an appointment

- Select a preferred date range
- Find a time that fits your schedule and click Select Time

A screenshot of a web application window titled "Schedule Appointment". The window has a close button (X) in the top right corner. The main text inside says: "You have selected a Labcorp location. Would you like to schedule an appointment with Labcorp?". At the bottom right, there are two buttons: "Yes" (blue) and "No" (red).

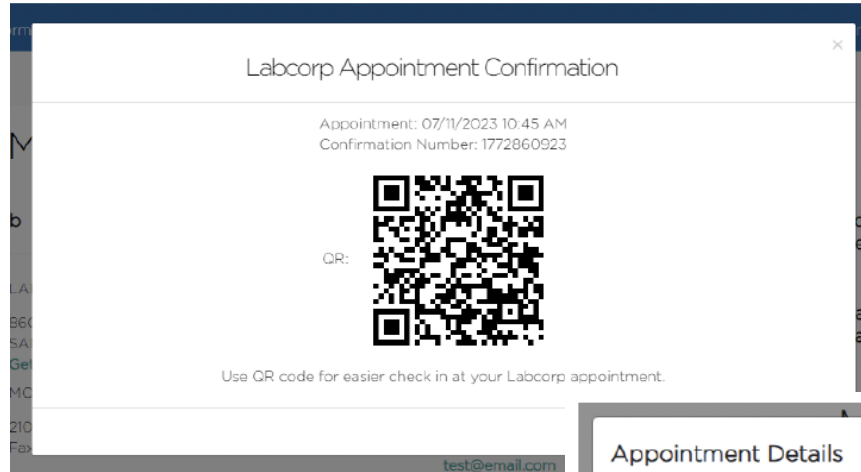
A screenshot of a web application window titled "Select Appointment Time". The window has a close button (X) in the top right corner. It contains a section titled "Select appointment date range." with two date pickers: "Start Date:" (showing 07/11/2023) and "End Date:" (showing 07/17/2023). Below these is a blue button labeled "Find Appointments". At the bottom right, there is a "Close" button.

A screenshot of a web application window titled "Select Appointment Time". The window has a close button (X) in the top right corner. It contains a section titled "Select appointment date range." with two date pickers: "Start Date:" (showing 07/11/2023) and "End Date:" (showing 07/17/2023). Below these is a blue button labeled "Find Appointments". The main part of the window is a table with three columns: "Date", "Time", and "Select Time". The table lists 18 available appointment slots for the date 07/11/2023, ranging from 10:45 AM to 02:15 PM. Each row has a blue "Select Time" button. At the bottom, there is a pagination bar showing "Page 1 of 10" and navigation arrows. A "Close" button is located at the bottom right.

Date	Time	Select Time
07/11/2023	10:45 AM	Select Time
07/11/2023	11:00 AM	Select Time
07/11/2023	11:15 AM	Select Time
07/11/2023	11:30 AM	Select Time
07/11/2023	11:45 AM	Select Time
07/11/2023	12:00 PM	Select Time
07/11/2023	12:15 PM	Select Time
07/11/2023	12:30 PM	Select Time
07/11/2023	12:45 PM	Select Time
07/11/2023	01:00 PM	Select Time
07/11/2023	01:15 PM	Select Time
07/11/2023	01:30 PM	Select Time
07/11/2023	01:45 PM	Select Time
07/11/2023	02:00 PM	Select Time
07/11/2023	02:15 PM	Select Time

# Off Site Screening

- Your LabCorp confirmation will include a QR code and the appointment details.
- This information will be emailed to you.
- You can also find this information on your profile page when you log into eHealth.



MANAGE APPOINTMENTS

### Appointment Details

Screening Key	LOC388
Name	LABCORP
Lab Address	9555 SW BARNES RD, STE 220 PORTLAND, OR 97225
Hours	MON-FRI 8:00A-4:30P LUNCH 12:00 PM-01:00 PM
Phone	503-297-5036
Fax	503-297-5538
Labcorp Appointment:	02/11/2026 03:00 PM <a href="#">Reschedule</a> <a href="#">Cancel</a>
Labcorp QR Code	<a href="#">View</a>
Registered On	February 04, 2026 2:05 PM
Consent	<a href="#">Download</a>
Lab Requisition	<a href="#">Download</a>

[Close](#) [Get Directions](#) [Reschedule](#) [Cancel](#)