

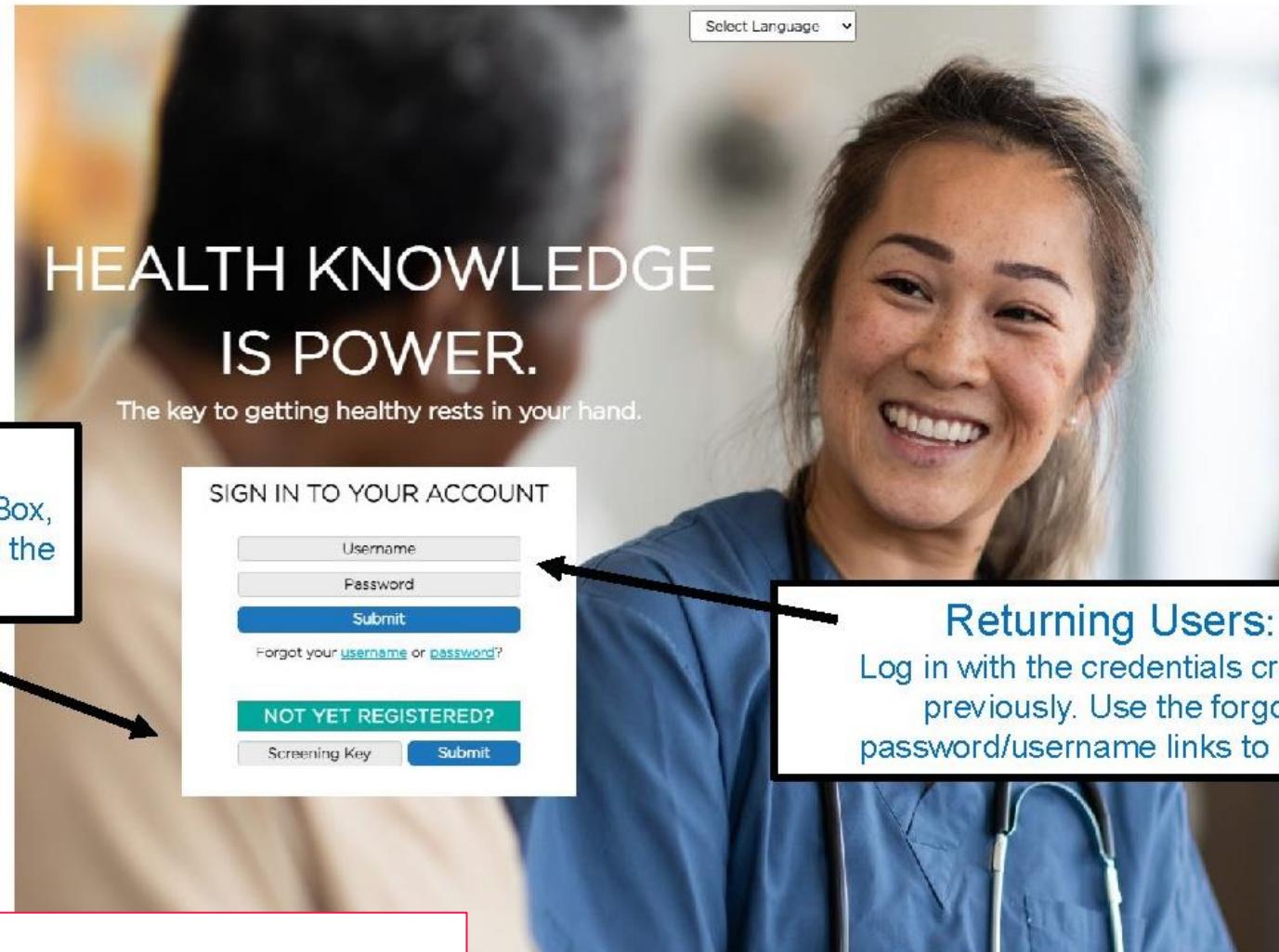


2026

WELLNESS 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

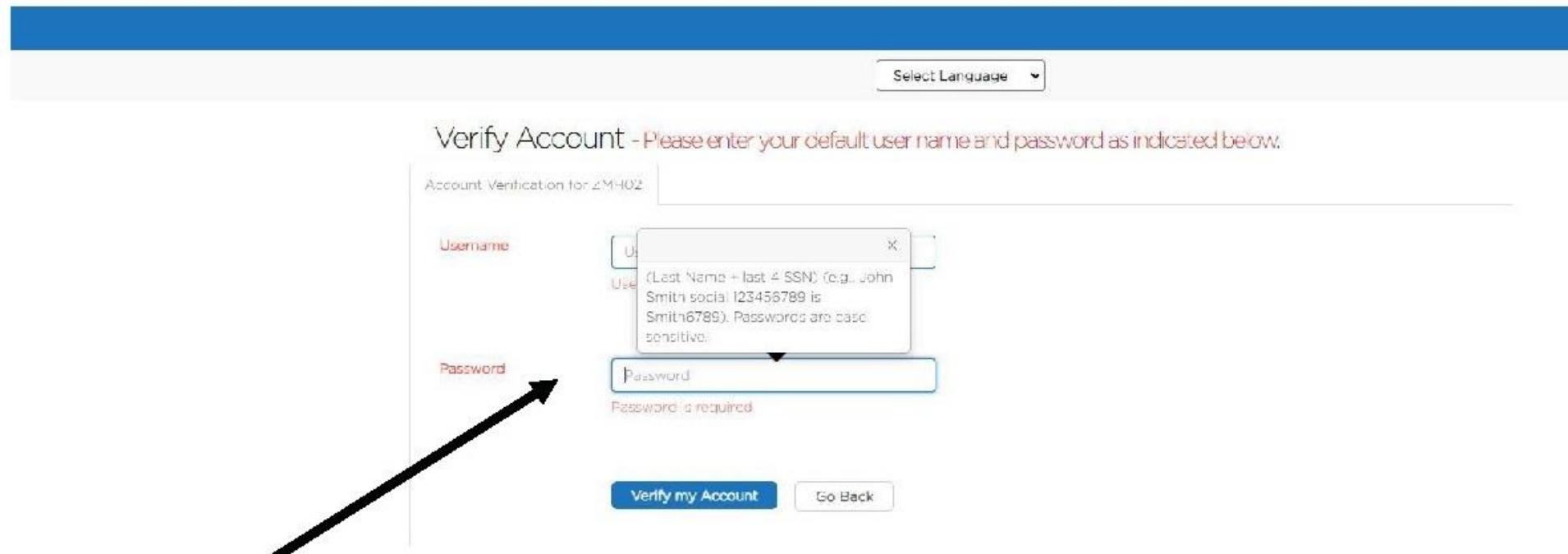
Returning Users:

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



Verify Account - Please enter your default user name and password as indicated below.

Account Verification for ZMH02

Username Use (Last Name + last 4 SSN) (e.g. John Smith social 123456789 is Smith6789). Passwords are case sensitive.

Password Password is required.

Verify my Account Go Back

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

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

Returning Users: Verify your details and update as needed

CREATE ACCOUNT

REGISTRATION PRO46

First Name *

Last Name *

Username *

Password *

Show Password

Confirm Password *

Email *

Date of Birth *

Legal Sex *

Last 4 of SSN *

Phone *

Register

Go Back

* Indicates required field

Register for a Screening

Home My Information Firstname Logout

Select Language

SELECT AN OPTION

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



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

For assistance, please contact our Customer Service Department at 1888.708.8807.

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.

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

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.

 **ONSITE SCREENING**
click below to schedule appointment
[Click To Select](#)

 **PHYSICIAN SCREENING**
click below to use your own physician
[Click To Select](#)

 **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 Online 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 signed, along with your lab results, by the deadline below.

Criteria and Instructions:

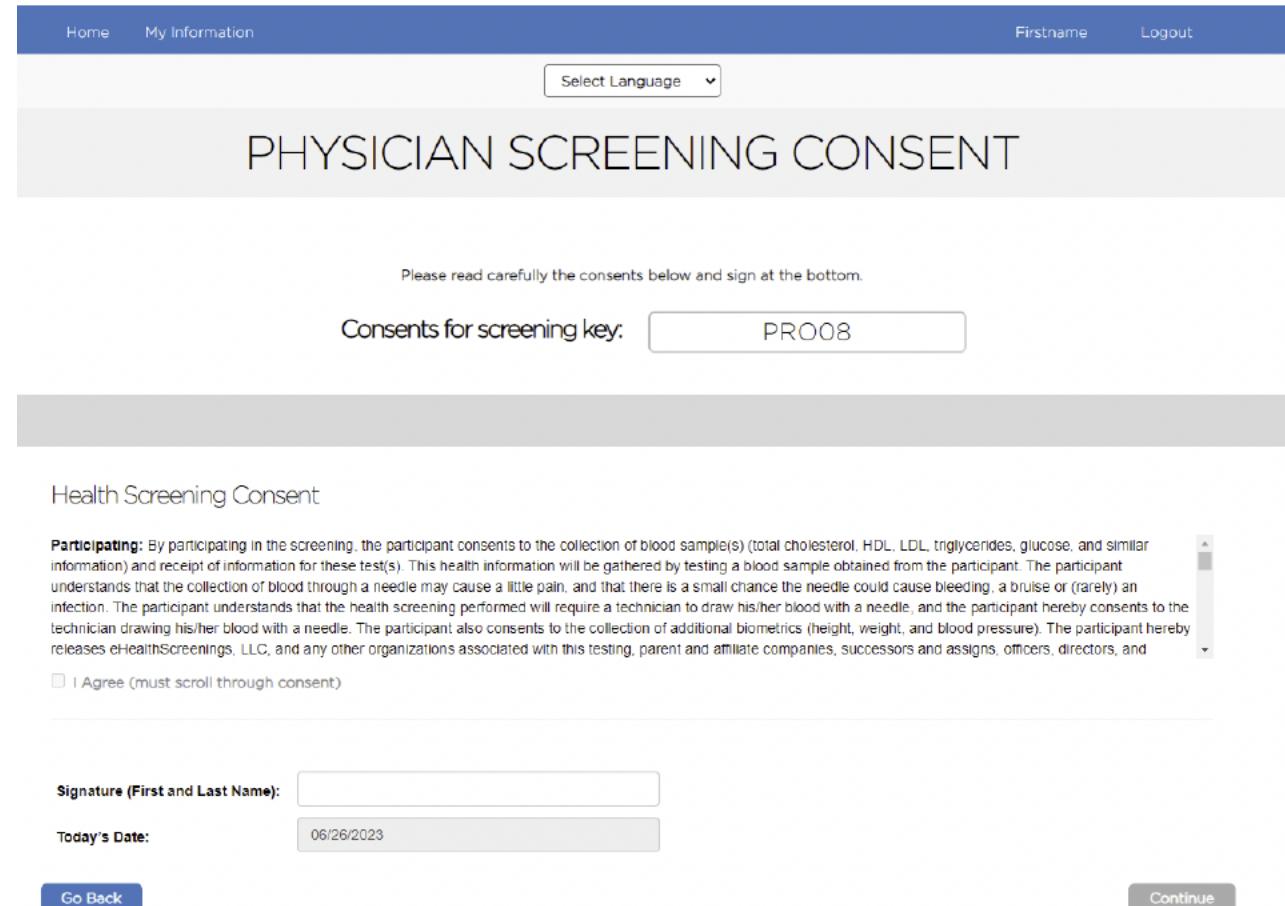
1. The required testing laboratory tests include: Lipid Panel and Fasting Glucose.
2. The required biomarkers include: Blood Pressure, Height, Weight, and Waist Circumference.
3. The blood sample must be drawn by venipuncture. Urine tests, mouth swabs, and fingersticks will not be accepted.
4. Blood results must be provided on the Physician Screening Form and supported by a copy of your official lab results which includes your name, DOB, test results, and test date (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 well loss 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. Complete Physician Screening Form and supporting official laboratory form (a copy of your results) can be uploaded in your health screening portal. Go to My Appointments and select Upload Form. Alternatively, documentation can be emailed to efs.physicianscreening@ehealthscreenings.com.

If you have any questions or to confirm receipt please contact eHealthScreenings by email at help@ehealthscreenings.com or by phone at 1-888-708-8807.

Go Back Continue

Physician Screening

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



The screenshot shows a web-based physician screening consent form. At the top, there is a navigation bar with 'Home', 'My Information', 'Firstname' (placeholder), and 'Logout'. A 'Select Language' dropdown is also present. The main title 'PHYSICIAN SCREENING CONSENT' is centered above the content area. Below the title, a message reads: 'Please read carefully the consents below and sign at the bottom.' A text input field is labeled 'Consents for screening key:' with the value 'PRO08'. The 'Health Screening Consent' section contains a detailed participation statement. A checkbox labeled 'I Agree (must scroll through consent)' is present. At the bottom, there are fields for 'Signature (First and Last Name)' and 'Today's Date' (set to '06/26/2023'). A 'Go Back' button is on the left, and a 'Continue' button is on the right.

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

Consents for screening key: PRO08

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: 06/26/2023

[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.

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.

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.](#)

[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

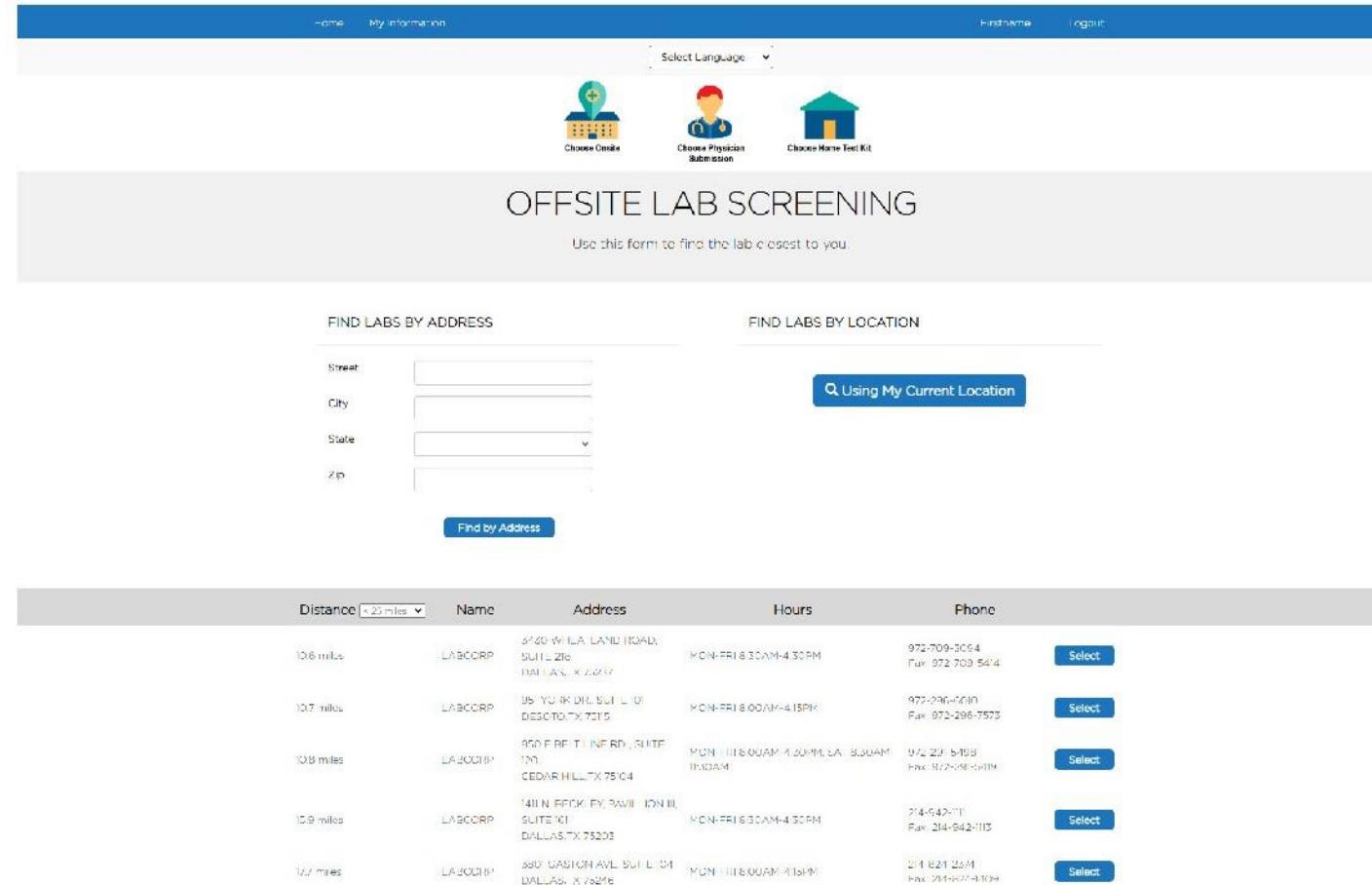
Zip

Find by Address

FIND LABS BY LOCATION

Q Using My Current Location

Off Site Screening



The screenshot shows the 'OFFSITE LAB SCREENING' page. At the top, there are links for 'Home', 'My Information', 'Logout', and a 'Select Language' dropdown. Below these are three icons: 'Choose Office' (a building with a plus sign), 'Choose Physician Submission' (a person icon), and 'Choose Home Test Kit' (a house icon). The main heading 'OFFSITE LAB SCREENING' is centered, with the sub-instruction 'Use this form to find the lab closest to you.' Below it are two search sections: 'FIND LABS BY ADDRESS' and 'FIND LABS BY LOCATION'. The 'FIND LABS BY ADDRESS' section contains fields for Street, City, State, and Zip, with a 'Find by Address' button. The 'FIND LABS BY LOCATION' section has a 'Using My Current Location' button. Below these sections is a table of lab locations:

Distance	Name	Address	Hours	Phone	Action
106 miles	LABCORP	6720 W LA LAND ROAD, SUITE 216 DALLAS, TX 75234	MON-FRI 8:30AM-4:30PM	972-709-3094 Fax: 972-709-5474	Select
107 miles	LABCORP	35 YU IK DR, SUITE 101 DESEOTO,TX 75115	MON-FRI 8:00AM-4:15PM	972-296-7610 Fax: 972-296-7573	Select
108 miles	LABCORP	950 FRF T/L INF RD, SUITE 101 CEDAR HILL,TX 75104	MON-FRI 8:00AM-4:30PM, SA 8:00AM-1PM	972-291-5498 Fax: 972-291-5499	Select
109 miles	LABCORP	1411 N FFMK, F, PAVILION III, SUITE 101 DALLAS,TX 75203	MON-FRI 8:30AM-4:30PM	214-942-3111 Fax: 214-942-2113	Select
112 miles	LABCORP	3801 EASTON AVE, SUITE 34 DALLAS, TX 75216	MON-FRI 8:00AM-4:15PM	214-821-2541 Fax: 214-821-4104	Select

- Scroll through the list of lab locations
- Click **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: PRO08

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 Firsname Logout

Select Language

CONFIRMATION

Selected Lab

Name:	LABCORP
Address:	8001 VILLAGE DR, SUITE 202 SAN ANTONIO, TX 78217 Get Directions
Hours:	MON-FRI 8:00AM-4:00PM
Phone:	210-646-0715 Fax: 210-646-7723

To edit go to the My Information tab.

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 or by phone at 1.888.708.8807.

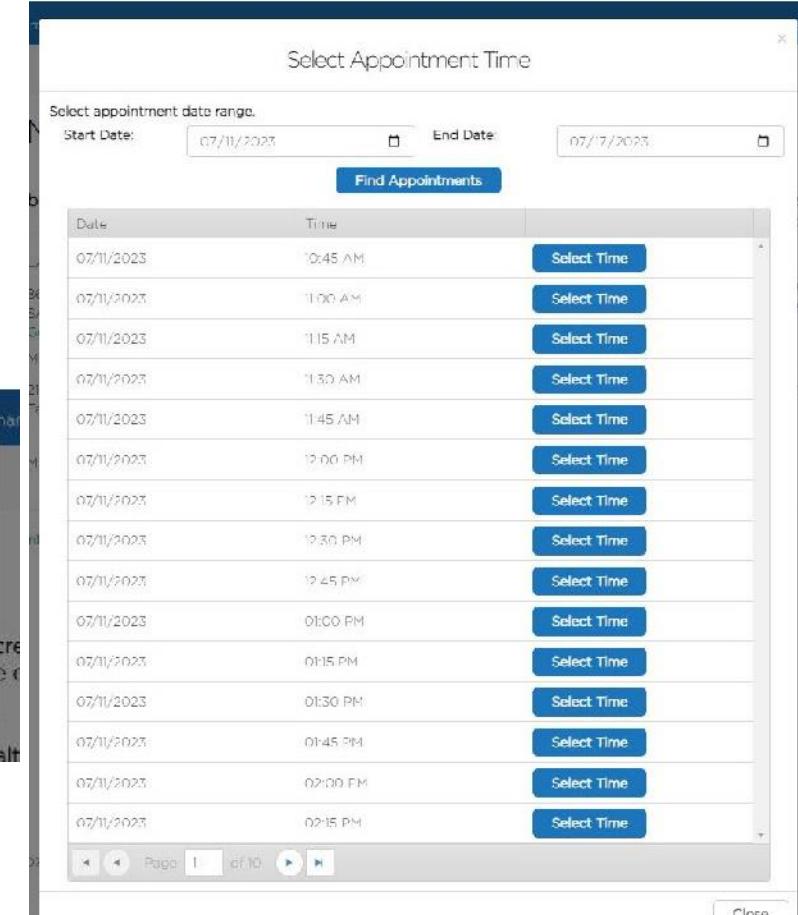
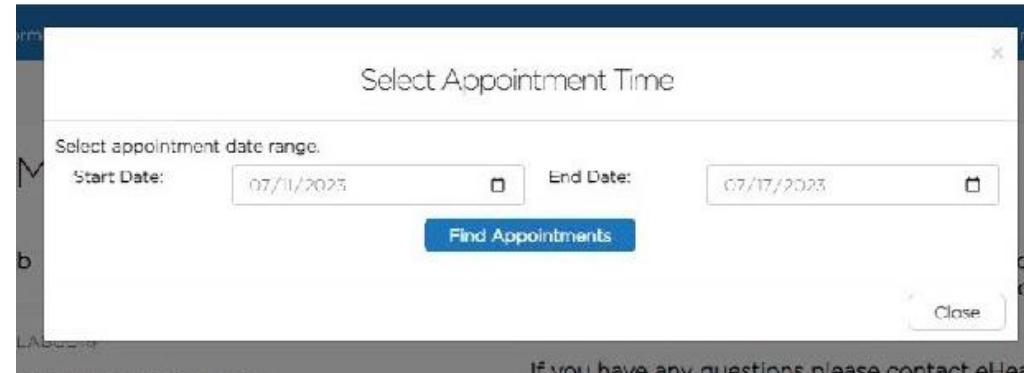
As a reminder, the email address that we have on file for notifications is:
test@email.com

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

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



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.

Labcorp Appointment Confirmation

Appointment: 07/11/2023 10:45 AM
Confirmation Number: 1772060923

QR:

Use QR code for easier check in at your Labcorp appointment.

test@email.com

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
Labcorp QR Code	View
Registered On	February 04, 2026 2:06 PM
Consent	Download
Lab Requisition	Download

[Reschedule](#) [Cancel](#)

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