

RETURNING
USERS



REQUEST YOUR EMPLOYEE HEALTH SCREENING

M.C. Dean Offsite Labcorp Screenings

Tests Include:

Total Cholesterol, HDL, LDL, Triglycerides, Glucose, Blood Pressure, Height, Weight, Waist Circumference and BMI.
9 hour fast recommended. Black coffee & water permitted.

Your M.C. Dean medical insurance plan **must be effective before you can schedule a Labcorp screening**

Step 1: Go to <https://www.ehealthscreenings.com/signup>.

- **Previous Participant** - If you have participated in a previous screening facilitated by eHealth Screenings, enter your username and password and click **Submit** and continue to Step 2.
 - If you **Forgot your username**, go to [Page 7](#).
 - If you **Forgot your password**, go to [Page 10](#).
- **New Participant** - If you have not participated in a previous screening facilitated by eHealth Screenings, please follow the instructions for New Users.

HEALTH KNOWLEDGE IS POWER.

The key to getting healthy rests in your hand.

SIGN IN TO YOUR ACCOUNT

Username

Password

Submit

NOT YET REGISTERED?

Screening Key

Submit

Step 2: On the following screen under **Step 1**, enter the Screening Key: **HMV1728** and click **Click to Select**.

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

Step 3: To find a lab

- Under **FIND LABS BY ADDRESS**, enter your desired address and click **Find by Address** and a list of labs will appear at the bottom of the screen
OR
- Under **FIND LABS BY LOCATION**, click **Using My Current Location** and a list of labs will appear at the bottom of the screen

OFFSITE LAB SCREENING

Use this form to find the lab closest to you.

FIND LABS BY ADDRESS

Street	<input type="text" value="1765 Greensboro Station Place"/>
City	<input type="text" value="Tysons"/>
State	<input type="text" value="Virginia"/>
Zip	<input type="text" value="22102"/>

[Find by Address](#)

FIND LABS BY LOCATION

[Using My Current Location](#)

Step 4: Selecting a lab location

- Find your desired lab from the list and click **Select**.

FIND LABS BY ADDRESS

Street:

City:

State:

Zip:

[Find by Address](#)

FIND LABS BY LOCATION

[Using My Current Location](#)

Distance	Name	Address	Hours	Phone	
3.9 miles	LABCORP	8503 ARLINGTON BLVD STE 350 FAIRFAX.VA 22031	MON - FRI 7:00A-4:00P SAT 8:00A-12:00P DRG SCR N M-F 8:00A-3:00P DRG SCR N SAT 9:00A-11:00A	703-573-6298 Fax: 703-573-7895	Select
6.9 miles	LABCORP	1005 N GLEBE RD STE 140 ARLINGTON.VA 22201	MONDAY-FRIDAY 8:00A-4:00P DRUG SCREENS 9:00A-3:00P LAST GTT APPT 12:30P	703-527-7053 Fax: 703-294-6889	Select
8.1 miles	LABCORP	4001 FAIR RIDGE DR STE 200	M-F 8:00A-4:00PM SAT 8:00A-12:00	703-385-5586	Select

Step 5: Read the entire Health Screening Consent. You must scroll to the bottom of the consent.

- Check the **I Agree (must scroll through consent)** box.
- Enter your **First and Last Name** in the appropriate box, if it is not prefilled.
- Enter **Today's Date** in the appropriate box, if it is not prefilled.
- Click **Continue**.

Health Screening Consent

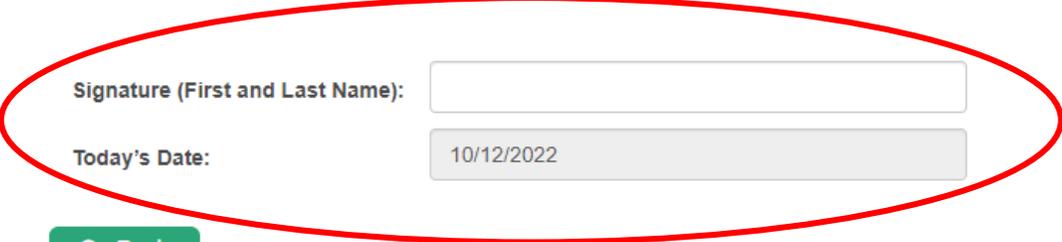
Your employer has contracted with Premise Health Employer Solutions, LLC, on behalf of its affiliate eHealthScreenings ("Premise Health") to provide certain health and/or wellness services in connection with voluntary health screen program.

By participating in the biometric screening, you consent to the collection of a blood specimen and/or bodily fluids. You understand and acknowledge that the collection of blood through a needle or fingerstick may cause pain, a bruise or, rarely, an infection. You also consent to the collection of additional biometrics (height, weight, blood pressure, waist circumference, and perhaps other measurements, as per the design of the program). You understand that a biometric screening is not meant to replace the care of a medical

I Agree (must scroll through consent)

Signature (First and Last Name):

Today's Date:





Step 6: Once you have completed the sign-up process, a confirmation page will be generated for you to print for your records. You will then receive confirmation of your registration and will be emailed a lab form and instructions on how to complete your screening.

CONFIRMATION

Selected Lab

Name: LABCORP
Address: 8503 ARLINGTON BLVD STE 350
FAIRFAX,VA 22031
[Get Directions](#)
Hours: MON - FRI 7:00A-4:00P SAT 8:00A-12:00P DRG SCRNM-F 8:00A-3:00P DRG SCRNM SAT 9:00A-11:00A
Phone: 703-573-6298
Fax: 703-573-7895

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.

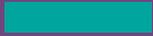
If you selected a LabCorp location to complete your screening, please click the link below to reserve an appointment time.

- Select *Employee wellness with body measurement as your reason for visit.*
- Select *I have already paid or someone else is responsible* when prompted for payment.

[Reserve a LabCorp Appointment Time](#)

If you have any questions please contact eHealthScreenings at help@ehealthscreenings.com or by phone at 1.888.708.8807.

REMEMBER: Fasting (no food) for 9 hours before your appointment is recommended but not required. Please drink plenty of water. Black coffee is permitted. Continue to take any prescription medications. If you are diabetic, please consult your physician before fasting.



FORGOT YOUR USERNAME?



Step 1: Click the [Forgot your username](#) link.

HEALTH KNOWLEDGE
IS POWER.
The key to getting healthy rests in your hand.

SIGN IN TO YOUR ACCOUNT

Username

Password

Submit

Forgot your [username](#) or [password](#)?

NOT YET REGISTERED?

Screening Key Submit

Step 2: Enter your first name, last name, date of birth and the last 4 digits of your SSN (**do not use the Employee ID option as this will not work for M.C. Dean employees**) into the appropriate boxes.

- After a few minutes, you will receive an email with your forgotten username.
- Go back to Step 1 on [Page 1](#) to log in.

FORGOT USERNAME?

Please enter the following fields to recover your username.

First Name	<input type="text" value="First Name"/>
Last Name	<input type="text" value="Last Name"/>
Date of Birth (MMDDYYYY)	<input type="text" value="e.g., 4/23/1975 is 04231975"/>
Please select Last 4 SSN or Last 4 of Employee ID	
Last 4 SSN	<input type="text" value="Last 4 SSN"/>
Employee ID	<input type="text" value="Last 4 of Employee ID"/>



FORGOT YOUR PASSWORD?

Step 1: Forgot your password?

- Click the [Forgot your password](#) link.

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IS POWER.
The key to getting healthy rests in your hand.

SIGN IN TO YOUR ACCOUNT

Username

Password

Submit

Forgot your [username](#) or [password?](#)

NOT YET REGISTERED?

Screening Key Submit

Step 2: Enter your username and date of birth and click [Submit](#).

- After a few minutes, you will receive an email with a link to reset your password. Please check both your M.C. Dean email address as well as your personal email address.

FORGOT PASSWORD?

Enter your Username and DOB

UserName
case sensitive

Date of Birth
(MMDDYYYY)

e.g., 4/23/1975 is 04231975

Submit

Step 3: Copy the temporary password listed in the email you receive and click on the [click here](#) link to continue with your password reset.

- Note: Do not use the temporary password shown below.

Hello HMV1728test3,

This email was sent to you due to a password reset request from <https://scheduler.ehealthscreenings.com>.

Your password was reset to: **bksz8scnqd4l** **DO NOT USE SHOWN FOR
EXAMPLE PURPOSES ONLY**

Please [click here](#) to continue with your password reset request.

If the above link doesn't work for you. You can copy and paste this URL on your browser's address box:

<https://scheduler.ehealthscreenings.com/Account/VerifyChangeRequest/4bcbcc4bb657ad59bc989acd46c8aea088fa648985c95bf10f68d9d84d368652/2723251>

Thanks,
The EHS Team

Step 4: Enter your username. Paste your temporary password into the **Password** field.

The screenshot shows a purple background with the text "HEALTH KNOWLEDGE IS POWER." and "The key to getting healthy rests in your hand." Below this is a white box titled "SIGN IN TO YOUR ACCOUNT". Inside the box, there are two input fields for "Username" and "Password", followed by a green "Submit" button. Below the "Submit" button is a link for "Forgot your [username](#) or [password](#)?". At the bottom of the white box, there is a purple button labeled "NOT YET REGISTERED?". Below this button are two input fields: "Screening Key" and a green "Submit" button.

Step 5: Type your temporary password into the **Current Password** box. Then in the next box, type in the new password that you would like and retype it into the box below it to confirm. Then click on the Submit button.

- Go back to Step 1 on [Page 1](#) to log in.

CHANGE PASSWORD

PASSWORD REQUIREMENTS:

- At least 12 characters in length
- A Uppercase letter
- A Lowercase letter
- A number(s) (0 through 9)
- At least 1 symbol: -!@#\$%^&* _- = `|(){};:~" '<>.,?/

Current password
case sensitive

New password
case sensitive

[Show Password](#)

Confirm new password
case sensitive

On successful password change, you will be logged out. You will be able to log back in with your new password.

Submit