Biometric Screening Form

Instructions: Please complete the form below and submit it to Vitality with proof of your biometric screening results. This proof can include:

- **A health care practitioner's signature in Section C of this form**
- **A copy of your screening results from your physician's office**

Points will be awarded for each biometric screening measure you complete. You will be eligible for participation points once per program year. Please note that submitting your biometric results will automatically update your health assessment.

We encourage you to submit this activity online. Simply log into the Vitality website, navigate to the online submission page, and attach your supporting documentation. Alternatively, you may email your submission to wellness@powerofvitality.com or fax it to **877.224.7110**.

Please note, submission via email is not secure until received by Vitality. For your protection, Vitality recommends the use of our online submission option.

Section A: Member's Information

First Name of Member Who Completed the Activity:	Last Name of Member Who Completed the Activity:
Vitality ID:	**Date of Birth:**

Section B: Biometric Screening Results

Blood Pressure

Systolic: mmHg	Diastolic: mmHg

Body Measures

Height: inches	Weight: lbs	Waist: inches

Clinical Library

Fasting Blood Glucose: mg/dL	Total Cholesterol: mg/dL	LDL Cholesterol: mg/dL	HDL Cholesterol: mg/dL	Triglycerides: mg/dL	Date of Screening(s):

I am including the following as proof of my biometric screening completion *(check one)*:

☐ A health care practitioner's signature in Section C of this form

☐ A copy of my screening results from my physician's office

Section C: Physician and/or Facility Information and Certification of Results

Health Care Practitioner and/or Facility Name:	Address:
National Provider ID or CLIA Number:	**Phone or Email:**

Certification of Results: I certify that I personally conducted this member's biometric screening and attest to the accuracy of the results reported herein.

Health Care Practitioner's Signature *(if no other proof of activity is included)*:	Date of Signature:

Section D: Statement of Consent

☐ By checking this box, I give my consent to Vitality and its service providers to process my sensitive personal information, which includes my health information, to facilitate the wellness program.

*You can withdraw your consent at any time by contacting your Program Provider and/or Vitality. See the privacy notice for more details https://www.powerofvitality.com/vitality/login/privacy_statement.

*Vitality needs to verify the accuracy of information you submit to protect the integrity of the wellness program. Incorrect or incomplete information will result in the denial or cancellation of points, or even the potential termination of your membership according to the terms and conditions of the wellness program (which can be found online at https://www.powerofvitality.com/vitality/vitality_content/terms_and_conditions). By signing this form, I attest that the information provided is accurate and complete.

Member's Signature:	Date of Signature:

Notice of Reasonable Alternative Standard: If it is medically inadvisable or not plausible for you to meet Vitality's healthy range standards, you may complete and submit the Biometrics Physician Waiver. Doing so will allow you to earn points in the Healthy Measures category that you otherwise may not be eligible to receive. To access the waiver, please log into the Vitality website.

Questions? Please feel free to contact a Vitality Customer Care representative at 877.224.7117 or wellness@powerofvitality.com.

Please note: *Vitality adheres to GDPR, HIPAA and US State specific privacy laws.*

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