



Vitality Check™ Form Biometric Screenings

Vitality Points are awarded for each Vitality Check measurement you complete, such as blood glucose, total cholesterol, blood pressure and height and weight measurements. If your results are in range, you will earn additional Vitality Points. Participation points will be awarded once per program year.

Complete Section A and have your physician or lab facility complete Sections B and C below.

Section A – Member Information

| | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| First Name: | Last Name: |
| Vitality ID: | Date of Birth: |
| Consent to Medical Screening and Release Medical Information I consent to the release of my medical information to Vitality or its representatives. A photocopy of this consent shall be as effective and valid as the original. This consent shall be considered valid for 90 days from the date signed. I also understand and agree that Vitality or its representatives have the right to request, at any time, applicable screening test(s) as confirmation for the purposes of earning Vitality Points. | |
| Member Signature: | Date: |

Section B: Physician and/or Facility Information

| | | |
|---------------------------------------|----------|------------|
| Physician & Practice / Facility Name: | Address: | Phone #: |
| National Provider ID # or CLIA # | | Test Date: |

Tests Performed (check all that apply):

- | | |
|-----------------------------------------------------|---------------------------------------------------|
| <input checked="" type="checkbox"/> Blood Pressure | <input checked="" type="checkbox"/> Body Measures |
| <input checked="" type="checkbox"/> Fasting Glucose | <input checked="" type="checkbox"/> Cholesterol |

Section C: Measure and Test Results

| Blood Pressure | | Body Measures | |
|----------------|------------|---------------|---------|
| Systolic: | Diastolic: | Height: | Weight: |
| | | inches | lbs |
| mmHg | mmHg | Waist: | Hip: |
| | | inches | inches |

| Clinical Laboratory | | | | | |
|------------------------|--------------------|------------------|------------------|---------------------------------|---------------|
| Fasting Blood Glucose: | Total Cholesterol: | LDL Cholesterol: | HDL Cholesterol: | Total Cholesterol to HDL Ratio: | Triglyceride: |
| mg/dL | mg/dL | mg/dL | mg/dL | | mg/dL |

| | |
|----------------------------|-------|
| Physician/Nurse Signature: | Date: |
|----------------------------|-------|

Completing the biometric screening is the first step toward better health.

To qualify for Vitality Points, please send completed form and supporting test results within 90 days of the event completion to:

**The Vitality Group, 200 West Monroe, Suite 2100, Chicago, IL 60606
Or Fax: (877) 224-7110 or Email: wellness@powerofvitality.com**