

Section A: Member Information

First Name:

Platinum Challenge BMI Registration Form

If your Body Mass Index (BMI) is over 30.0, and you complete the challenge by reducing your BMI to the ranges below, you will be awarded Vitality Platinum Status and all the Vitality Rewards® that go with it. Consult your physician before starting a weight loss program.

Starting BMI Level	BMI Level to Complete Challenge
30.0 to 34.9	Less than 25.0
35.0 to 39.9	Less than 30.0
40.0 or more	Less than 35.0

Last Name:

Vitality ID:		Date of Birth:						
*Section B: Physician Information								
Physician's Name	Physician Address			Physician Ph	Physician Phone #			
Physicians Signature	Registration Date							
*Or submit a Fitness Assessment or Vitality Check™ showing a starting BMI of 30 or more.								
Section C: Declaration and Consent								
Height		Weight		Your Current BMI				
Feet	Inches		Po	ounds				
I hereby declare that my height, weight and BMI are as stated above.								
Consent to 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								
one year from the date signed.								
Consent to Medical Screening								
I understand and agree that Vitality or its representatives have the right to request, at any time,								
applicable screening test(s) to confirm my weight for the purposes of earning Vitality Points.								
Member Signature					Date			
Would you be interested in sharing your success story with others?								
Registration and participation in the Platinum Challenge is limited to once per lifetime per member								
Please send completed form to:								

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

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