

Sponsor ID	Event code	Member number
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VIRGIN PULSE BIOMETRIC SCREENING FORM

As part of the wellness program, you may submit this biometric screening verified form signed by your physician. Once completed, send this form to Virgin Pulse. Once the form is loaded into the system, you will see this requirement marked Complete on your Rewards Statement.

To submit your completed form, fax it to 508-302-0055, or you may upload it directly to your Virgin Pulse account. To upload, sign in to your account, click on **Support** and select **Submit a request**. Then choose the appropriate form option from the drop-down menu.

PART 1: MEMBER INFORMATION (Participant completes Part 1)

First Name

Last Name

Employee Spouse Date of Birth mm / dd / yyyy Employee ID

Email

Consent to use information. I, Participant, hereby authorize my provider to release any information within this form to Virgin Pulse, Inc. I understand that Virgin Pulse, Inc. will utilize this information solely for the purposes of administration of its wellness program and will dispose of this form in accordance with applicable law. My personal health data is protected under the terms of the Virgin Pulse Privacy Policy and HIPAA, and will not be shared with Trilogy Health Services.

PART 2: HEALTHCARE PROVIDER (Provider completes Part 2)

Healthcare Provider Phone Date of Screening Screenings valid 1/2/2020-12/16/2020

PATIENT INFORMATION

Height cm OR feet inches Weight pounds Fasted for at least 9 hours? Yes No

METRICS: For results that are healthy for this person, but outside the guidelines range, also check the box and initial.

BMI	<input type="text"/>	<input type="checkbox"/>	Non-HDL	<input type="text"/> mg/dL	<input type="checkbox"/>
Body Fat	<input type="text"/> %	<input type="checkbox"/>	Triglycerides	<input type="text"/> mg/dL	<input type="checkbox"/>
Blood Pressure	<input type="text"/> / <input type="text"/> mmHg	<input type="checkbox"/>	A1C	<input type="text"/> mg/dL	<input type="checkbox"/>
Total Cholesterol	<input type="text"/> mg/dL	<input type="checkbox"/>	Glucose	<input type="text"/> mg/dL	<input type="checkbox"/>
HDL	<input type="text"/> mg/dL	<input type="checkbox"/>	Waist Circumference	<input type="text"/> inches	<input type="checkbox"/>
LDL	<input type="text"/> mg/dL	<input type="checkbox"/>	Tobacco/ Nicotine use?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Healthcare Provider Name (please print)

Healthcare Provider Signature

Complete this form in full and submit by 12/16/2020. To submit your completed form, fax it to 508-302-0055, or you may upload it directly to your Virgin Pulse account. To upload, sign in to your account, click on **Support** and select **Submit a request**. Then choose the appropriate form option from the drop-down menu. Incomplete or altered submissions of this form may delay or eliminate your biometric screening incentive eligibility.