



Instructions: Please complete the form below and submit it to Vitality with proof of your Vitality Check® results. This proof can include ONE of the following:

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

Vitality Points® will be awarded for each Vitality Check 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 Vitality Health Review®.

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			Body Measures		
Systolic:	Diastolic:	Height:	Weight:	Waist:	
mmHg	mmHg	inches	lbs	inches	
Clinical Library					
Fasting Blood Glucose:	Total Cholesterol:	LDL Cholesterol:	HDL Cholesterol:	Triglycerides:	Date of Screening(s):
mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	
I am including the following as proof of my Vitality Check 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	
For the purposes of facilitating the Vitality Program, I consent, by checking this box, to Vitality and its service providers processing: my sensitive personal information, specifically information relating to my health. I am aware that I can withdraw my consent at any time by contacting my Program Provider and/or Vitality. For further details see the privacy notice https://www.powerofvitality.com/vitality/login/privacy_statement .	
To protect the integrity of the program, Vitality verifies the accuracy of information submitted. Incorrect or incomplete information will result in the denial or cancellation of Vitality Points, or potential termination of membership according to the terms and conditions of the program (a copy of 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 or, if you are currently pregnant, the Prenatal Care Verification Waiver. Doing so will allow you to earn Vitality Points in the Healthy Measures category that you otherwise may not be eligible to receive. To access these forms, 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.