

BIOMETRIC SCREENING FORM INSTRUCTIONS

Bring this page and the Biometric Screening form to your healthcare provider.

Why it matters

An important part of your health is to learn your numbers, celebrate the things you are doing well and to review where you can improve. Earn HealthyLiving rewards for getting a health screening and for meeting or improving healthy measures such as body mass index (BMI), blood pressure, total cholesterol and glucose.

Steps you need to take

Complete your screening between July 1, 2020 and June 15, 2021 and submit the form by June 15, 2021 to earn rewards. Follow these steps:

Step 1: Schedule your screening tests with your healthcare provider

Step 2: Complete the Biometric Screening Form

- Complete the **Part 1: Member Information** section and sign the bottom of the form
- Have your physician complete **Part 2: Healthcare Provider** section as well as a signature

Step 3: Submit your Biometric Screening Form via:

- Fax to **508-302-0055** or
- Upload directly to your HealthyLiving account - Sign into 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.

How to earn rewards

Meet the healthy range below OR meet the rewarded improvement from your prior results from last year's program.

Measure	Rewarded Healthy Range	Rewarded Improvement
Body Mass Index (BMI)	Less than 30	Improve 5% or more
Blood Pressure	Under 60 years of age: <140/90 mmHG Over 60 years of age: <150/90 mmHG	Improve 5% or more
Total Cholesterol	Less than 220	Improve 5% or more
Glucose	Fasting less than 126 Non-fasting less than 200	Improve 5% or more

You will see this requirement marked as **Complete** on your **My Rewards** page in your HealthyLiving account 10 business days after the form is loaded into the system. Your results can be found in the **Stats** section of your account. Use your results to help guide the topics and healthy habits you'd like to focus on.

For more information, sign into your HealthyLiving account at firstenergycorp.com/healthyliving.

Program Year:

Event code

Sponsor ID

Member number

VIRGIN PULSE BIOMETRIC SCREENING FORM

To submit your completed form, fax it to _____ 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

Form for entering first name with 20 character boxes.

Last Name

Form for entering last name with 20 character boxes.

Employee

Spouse

Date of Birth mm / dd / yyyy

Form for entering date of birth (mm/dd/yyyy).

Employee ID

Form for entering employee ID with 10 character boxes.

Email

Form for entering email address with 30 character boxes.

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 _____

PART 2: HEALTHCARE PROVIDER (Provider completes Part 2)

Healthcare Provider Phone

Form for entering healthcare provider phone number (xxx-xxx-xxxx).

Date of Screening

Form for entering date of screening (mm/dd/yyyy).

Screenings valid

PATIENT INFORMATION

Height

Form for entering height in centimeters or feet and inches.

Weight

Form for entering weight in pounds.

Fasted for at least 9 hours?

Yes No

METRICS:

BMI	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> _____	Blood Pressure	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="checkbox"/> _____
Total Cholesterol	<input type="text"/> <input type="text"/> <input type="text"/> mg/dL	<input type="checkbox"/> _____	Glucose	<input type="text"/> <input type="text"/> <input type="text"/> mg/dL	<input type="checkbox"/> _____
HDL	<input type="text"/> <input type="text"/> <input type="text"/> mg/dL	<input type="checkbox"/> _____	Triglycerides	<input type="text"/> <input type="text"/> <input type="text"/> mg/dL	<input type="checkbox"/> _____
LDL	<input type="text"/> <input type="text"/> <input type="text"/> mg/dL	<input type="checkbox"/> _____	Waist Circumference	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> _____
Body Fat	<input type="text"/> <input type="text"/> %	<input type="checkbox"/> _____			
A1C	<input type="text"/> <input type="text"/> <input type="text"/> mg/dL	<input type="checkbox"/> _____			

Healthcare Provider Name (please print)

Healthcare Provider Signature

Member Signature

Complete this form in full and submit by _____ 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.