

COMPLETE A PHYSICIAN LAB FORM

VP-BS1019

As part of the wellness program, you may submit a biometric screening form signed by your physician and return the completed form to Virgin Pulse. Once the form is loaded into the system and processed, you will see this requirement marked Complete on your My Rewards page. To submit your completed form, fax it to 401-735-5853, or you may upload it directly to your Virgin Pulse account. To upload, scan your completed form and upload it through the Virgin Pulse desktop or mobile site. Visit member.virginpulse.com, sign in and navigate to your Biometric Screening page to upload your form.

Complete this form in full and submit by 08/15/2024.

PART 1: MEMBER INFORMATION (Participant completes Part 1)

First Name

First Name input field

Last Name

Last Name input field

Employee

Employee ID input field

Spouse

Spouse ID input field

Date of Birth mm / dd / yyyy

Date of Birth input field

Employee ID

Employee ID input field

Email

Email input field

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 American Commercial Barge Line

PART 2: HEALTHCARE PROVIDER (Provider completes Part 2)

Healthcare Provider Phone

Healthcare Provider Phone input field

Date of Screening

Date of Screening input field

Screenings valid

08/01/2023 - 07/31/2024

PATIENT INFORMATION

Height

Height input field (cm or feet/inches)

Weight

Weight input field (pounds)

Fasted for at least 9 hours?

Fasted for at least 9 hours? Yes/No input field

METRICS:

BMI

BMI input field

BMI input field

Blood Pressure

Blood Pressure input field (mmHg)

Blood Pressure input field

Total Cholesterol

Total Cholesterol input field (mg/dL)

Total Cholesterol input field

Glucose

Glucose input field (mg/dL)

Glucose input field

HDL

HDL input field (mg/dL)

HDL input field

Triglycerides

Triglycerides input field (mg/dL)

Triglycerides input field

LDL

LDL input field (mg/dL)

LDL input field

Waist Circumference

Waist Circumference input field

Waist Circumference input field

Body Fat

Body Fat input field (%)

Body Fat input field

A1C

A1C input field (%)

A1C input field

Healthcare Provider Name (please print)

Healthcare Provider Signature

Member Signature

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