As part of Boise Municipal Health Care Trust's wellness program, you may submit your physical screening results from your physician by sending your completed form to Virgin Pulse. Once the results are loaded into the system, the \$100 reward will be posted as soon as the data has been entered into your account in approximately 7-10 business days. Completed by Participant Last Name:	Virgin Pulse I	Prevent	ive Biom	etr	ic Screenin	g Form	Member ID	
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First Name:	Completed by Particip	oant						
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 any applicable law. My personal health data will not be shared with Boise Municipal Health Care Trust. It is protected under the terms of the Virgin Pulse Privacy Policy and HIPAA. My submission of this form confirms that I agree to all of its terms and that I authorize Virgin Pulse to process my information accordingly. Completed by Provider or Participant Screening Exam Patient Results Screening Exam Patient Results Height - ft & in OR cm ft in OR cm LDL Cholesterol mg/dL Weight - lbs OR kg lbs OR kg Glucose mg/dL BMI Fasting Status Fasting Non-Fasting Blood Pressure / mmHg Health Care Provider Name: Phone: Physician's Signature: Requirements: Complete this form in full. Incomplete or late submissions of this form may delay or eliminate your preventive care incentive eligibility. Scan and e-mail to: forms@virginpulse.com OR Fax to: 508-302-0055 *Allow 7 business days for processing My submission of this form confirms that I agree to all terms and that I authorize Virgin Pulse to process my information accordingly. Member Signature: Date:					Ma	ale: Fem	nale:	
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 any applicable law. My personal health data will not be shared with Boise Municipal Health Care Trust. It is protected under the terms of the Virgin Pulse Privacy Policy and HIPAA. My submission of this form confirms that I agree to all of its terms and that I authorize Virgin Pulse to process my information accordingly. Completed by Provider or Participant Screening Exam Patient Results Screening Exam Patient Results Height - ft & in OR cm ft in OR cm IDL Cholesterol mg/dL Weight - Ibs OR kg Ibs OR kg Glucose mg/dL My submission of this form in full. Incomplete or late submissions of this form may delay or eliminate your preventive care incentive eligibility. Scan and e-mail to: forms@virginpulse.com OR Fax to: 508-302-0055 *Allow 7 business days for processing My submission of this form confirms that I agree to all terms and that I authorize Virgin Pulse to process my information accordingly. Member Signature: Date:		(DD)	(1777)					
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Screening Exam	-	rm confirms	that I agree to a	ll of i	its terms and that I	authorize Virgi	n Pulse to process my inform	nation
Height - ft & in OR cm	Completed by Provide	er or Partici	pant					
Weight - Ibs OR kg Ibs OR kg Glucose mg/dL BMI Fasting Status Fasting Non-Fasting Non-Fasting Health Care Provider Name: Phone: Physician's Signature: Phone: Requirements: Complete this form in full. Incomplete or late submissions of this form may delay or eliminate your preventive care incentive eligibility. Scan and e-mail to: forms@virginpulse.com OR Fax to: 508-302-0055 *Allow 7 business days for processing My submission of this form confirms that I agree to all terms and that I authorize Virgin Pulse to process my information accordingly. Date: Date:	Screening Exam	Patient Re	sults		Screening Exam	Patient Resu	lts	
Blood Pressure / mmHg Health Care Provider Name: Phone:	<u> </u>			_				
Health Care Provider Name: Phone: Physician's Signature: Phone: Requirements: • Complete this form in full. Incomplete or late submissions of this form may delay or eliminate your preventive care incentive eligibility. • Scan and e-mail to: forms@virginpulse.com OR Fax to: 508-302-0055 *Allow 7 business days for processing My submission of this form confirms that I agree to all terms and that I authorize Virgin Pulse to process my information accordingly. Member Signature: Date:		lbs	OR	kg		- Franking		dL
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