Program Year: **12/08/2020 - 12/31/2021**

Sponsor ID **6220**

Member number

VIRGIN PULSE PREVENTIVE SCREENING FORM

As part of the wellness program, you are encouraged to take an active role in managing your health by completing a preventive screening. You may use this form (if eligible) to submit proof of a preventive screening to participate in the screening component of your incentive program. Please follow the instructions below to submit your results to Virgin Pulse. To earn points for participating in a preventive screening, use this form and have your healthcare provider sign off. No results are needed, just the date you completed the screening and your healthcare provider's signature. Once the form is loaded into the system, you will see this requirement marked Complete on your My Rewards page.

To submit your completed form, fax it to 508-302-0055, or you may upload it directly to your Virgin Pulse account. Visit member.virginpulse.com, sign in and navigate to your Biometric Screening page to upload your form.

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 Cheyenne Regional Medical Center

PART 2: HEALTHCARE PROVIDER (Provider completes Part 2)

Healthcare Provider Phone ☐☐☐-☐☐☐-☐☐☐☐ Date of Screening ☐☐/☐☐/☐☐☐☐ Screenings valid **10/01/2020 - 09/16/2021**

PREVENTIVE SCREENING INFORMATION

Preventive Exam	Frequency	Completion Date:	Event Code
Vision Exam	**Annually**	☐☐/☐☐/☐☐☐☐	**PSCY**
Dental Exam/Cleaning	**2x per year**	☐☐/☐☐/☐☐☐☐	**PSCY**
Bone Density Test	**2x per year**	☐☐/☐☐/☐☐☐☐	**PSCY**
Colorectal Cancer Screening	**2x per year**	☐☐/☐☐/☐☐☐☐	**PSCY**
Breast Cancer Screening	**2x per year**	☐☐/☐☐/☐☐☐☐	**PSCY**
Cervical Cancer Screening	**Annually**	☐☐/☐☐/☐☐☐☐	**PSCY**
Pregnancy Glucose Test	**Annually**	☐☐/☐☐/☐☐☐☐	**PSCY**
Prostate Cancer Screening	**Annually**	☐☐/☐☐/☐☐☐☐	**PSCY**
Skin Cancer Screening	**Annually**	☐☐/☐☐/☐☐☐☐	**PSCY**
Wellness Exam	**Annually**	☐☐/☐☐/☐☐☐☐	**PSCY**

Healthcare Provider Name *(please print)* | Healthcare Provider Signature | Member Signature

Complete this form in full and submit by **09/16/2021.**

To submit your completed form, fax it to 508-302-0055, or you may upload it directly to your Virgin Pulse account. Visit member.virginpulse.com, sign in and navigate to your Biometric Screening page to upload your form. Incomplete or altered submissions of this form may delay or eliminate your biometric screening incentive eligibility.

VP-PS1019