



Vitality Points are awarded for each Vitality Check measurement you complete, such as blood glucose, total cholesterol, blood pressure and height and weight measurements. If your results are in range, you will earn additional Vitality Points. Participation points will be awarded once per program year.

Complete Section A and have your physician or lab facility complete Sections B and C below.

Section A -	Membe	r Informa	ition						
First Name:	Last Name:								
McKesson Emp	Date of	Date of Birth:							
I consent to the as effective and understand and	release of valid as the agree that for the pu	my medical ne original. T t Vitality or i	and Release Me I information to Vit This consent shall ts representatives rning Vitality Poin	ality or its re be consider have the rig	epresentati ed valid fo	r one year	from the c time, appl	date signed. I al	so
Section B: I	Physicia	n and/or	Facility Inform						
Physician & Pra	ysician & Practice / Facility Name:			Address:				Phone #:	
National Provider ID # or CLIA #							Test Date:		
Tests Perform Blood Pro Fasting C	essure Blucose		., .,		Body Me Choleste				
ection C. Me		Body Measures							
Systolic:	2.000	Pressure Diastolic:		Height:			Weight:		lb
	mmHg		mmHg	Waist:		inches	Hip:		inches
Clinical Labo	ratory								
Fasting Blood Glucose:	Total Cholesterol: L		LDL Cholesterol:	HDL Cho	HDL Cholesterol: Total C to HDL		olesterol Ratio:	Triglyceride:	_
mg/dL		mg/dL	mg/dL.		mg/dL				mg/dL
Physician/Nurse Signature:								ate:	

Completing the biometric screening is the first step toward better health and earning premium reductions.

To qualify for Vitality Points, please send completed form and supporting test results within 90 days of the event completion to:

The Vitality Group, 200 West Monroe, Suite 2100, Chicago, IL 60606 Or Fax: (877) 224-7110 or Email: wellness@powerofvitality.com



MCKESSON

Vitality Check™ Form biometric screenings