



Vitality Check™ Form Body Mass Index Alternatives

BMI alternatives are offered to a Vitality Member who did not qualify in the normal BMI range and believes an alternative measure better assesses his or her body composition.

To qualify for Vitality Points, you must submit the information and supporting test results within 90 days of the event completion.

Please note that Vitality only recognizes the approved protocols below and the tests must be conducted by a Vitality partner authorized to do a Vitality Check, Vitality Fitness Assessment or by a certified fitness professional with accreditation. Alternatively, you can visit your personal physician i.e., MD or DO.

Complete Section A and B. Have your health professional or health facility complete sections C, D and E below.

Section A: Member Information	
First Name:	Last Name:
Vitality ID:	Date of Birth:

Section B: Consent to Release and Use Medical Information	
I consent to the release of my fitness/medical information to Vitality or its representatives. A photocopy of this consent shall be as effective and valid as the original. This consent shall be considered valid for one year from the date signed.	
I understand and agree that Vitality and its representatives have the right to request and review, at any time, applicable screening test(s) to confirm information and results herein. I authorize the health club/facility to release such information and results to Vitality.	
Member's Signature:	Date:

Section C: Approved Protocols	
Approved BMI alternative testing protocol used (check one)	
<input type="checkbox"/> Skinfold (SKF) Measurement	<input type="checkbox"/> Body Composition Analyzer
<input type="checkbox"/> Bioelectrical Impedance	<input type="checkbox"/> Waist to Hip Ratio
Report test results using the separate protocol form.	

Section D: Health Club and / or Facility Information		
Health Club and/or Facility Name:	Address:	Phone:

Section E: Health Professional Information	
Health Professional's Name:	Title:
Certification Type/Level (e.g. Personal Trainer):	
Accrediting/Certification Organization (e.g., ACSM):	Certification Identification Number:

To earn Vitality Points, please send this completed form and supporting test results to:

**Email: wellness@powerofvitality.com, fax: 877.224.7110, or mail to:
The Vitality Group, 200 West Monroe, Suite 2100, Chicago, IL 60606**



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Skinfold (SKF) Measurement

Required Resources

You will need

- Skinfold Calipers

Procedure

1. Take all SKF measurements on the right side of the body
2. Grasp the SKF firmly between the thumb and index finger of your left hand. Lift the fold 1 cm (.4 inches) above the site to be measured
3. Lift the fold by placing the thumb and index finger 8 cm (~ 3 inches) apart on a line that is perpendicular to the long axis of the SKF's, you will need to separate your thumb and finger more than 8 cm in order to lift the fold
4. Keep the fold elevated while you take the measurement
5. Place the jaws of the caliper perpendicular to the fold, approximately 1 cm below the thumb and index finger and halfway between the crest and the base of the fold. Release the jaw pressure slowly
6. Take the SKF measurement 4 sec after the pressure is released
7. Open the jaws of the calipers to remove it from the site. Close the jaws slowly to prevent damage or loss of calibration
8. Take a minimum of two measurements at each site for accuracy
9. Read the dial of the caliper to the nearest 0.1 mm (Harpender or Holtain), 0.5 mm (Lange), or 1 mm (plastic calipers)

Please complete all site measurements for the appropriate gender (only one of the following SKF measurements is required)

Section A: SKF Measurements			
Male 3 Site SKF			
Chest: mm	Abdomen: mm	Thigh: mm	
Female 3 Site SKF			
Triceps: mm	Suprailiac: mm	Midaxillary: mm	
7 Site SKF (M/F)			
Chest: mm	Abdomen: mm	Thigh: mm	
Triceps: mm	Suprailiac: mm	Midaxillary: mm	Subsaphar: mm

Section B: Declaration	
I certify the accuracy of the body mass index alternative results reported herein.	
Member's Name:	Date of Test:
Health Professional's Signature:	Date Signed:

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Body Composition Testing

Section A: Body Composition Testing		
Body Composition Testing Options (check test performed)		
<input type="checkbox"/> Bioelectrical Impedance	<input type="checkbox"/> Hydrostatic Weighing	<input type="checkbox"/> Body Composition Analyzer
Members must submit a printed copy of the formal test results with this form.		

Section B: Declaration	
I certify the accuracy of the body mass index alternative results reported herein.	
Member's Name:	Date of Test:
Health Professional's Signature:	Date Signed:

To earn Vitality Points, please send this completed form, a printed copy of the formal test results to:

Email: wellness@powerofvitality.com, fax: 877.224.7110, or mail to:
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Waist to Hip Circumference

You will need

- Measuring tape

Procedure

Measure the member's waist circumference at the narrowest part of the torso and the hip circumference at the level of the maximum extension of the buttocks.

Section A: Measurements	
Waist Measurement: cm	Hip Measurement: cm

Section B: Declaration	
I certify the accuracy of the body mass index alternative results reported herein.	
Member's Name:	Date of Test:
Health Professional's Signature:	Date Signed:

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