



Vitality Check™ Form Biometric Screening

Instructions: Please complete the form below and submit it to ADP Vitality with proof of your Vitality Check results. This proof can include ONE of the following:

- A health care practitioner's signature in Section C of this form OR
- A copy of your screening results from your physician's office

Vitality Points™ will be awarded for each Vitality Check measure you complete. You will be eligible for participation and in-range points once per program year. Please note that submitting your biometric results will automatically update your Vitality Health Review™.

We encourage you to submit this activity online. Simply log into your ADP Vitality account, navigate to **Home > Submit Activity**, select your activity and follow the prompts to submit your information and supporting documentation. Alternatively, you may email your submission to adp@powerofvitality.com or fax it to **800.828.9572**.

Please note, submission via email is not secure until received by ADP Vitality. For your protection, ADP Vitality strongly recommends the use of our online submission option.

Section A: Member's Information	
First Name of Member who Completed the Activity:	Last Name of Member who Completed the Activity:
Vitality ID:	Date of Birth:

Section B: Biometric Screening Results					
Blood Pressure			Body Measures		
Systolic:	Diastolic:	Height:	Weight:		
			inches	lbs	
mmHg	mmHg	Waist:	inches		
Clinical Laboratory					
Fasting Blood Glucose:	Total Cholesterol:	LDL Cholesterol:	HDL Cholesterol:	Triglycerides:	Date of Screening(s):
mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	
I am including the following as proof of my Vitality Check completion (<i>check one</i>):					
<input type="checkbox"/> A health care practitioner's signature in Section C of this form			<input type="checkbox"/> A copy of my screening results from my physician's office		

Section C: Physician and/or Facility Information and Certification of Results	
Health Care Practitioner and/or Facility Name:	Address:
National Provider ID or CLIA Number:	Phone or Email:
Certification of Results: I certify that I personally conducted this member's biometric screening and attest to the accuracy of the results reported herein.	
Health Care Practitioner's Signature (<i>if no other proof of activity is included</i>):	Date of Signature:

Section D: Member's Declaration and Consent	
By signing this form, I attest that I completed this Vitality Check as listed above and that the information submitted with this request is accurate and complete. I consent and agree that ADP Vitality or any of its representatives has the right to verify and review information to substantiate information and representations herein for the purpose of awarding Vitality Points.	
Member's Signature:	Date of Signature:

Questions? Please feel free to contact an ADP Vitality Customer Care representative at **800.241.0946** or adp@powerofvitality.com.