



Only metric results from November 1, 2020 through October 31, 2021 are accepted.

Employee: Complete Section 1. Please use this form to document your 2021 Annual Preventive Care visit and Biometric Screening results. **Wellness Advantage must receive this form by 10/31/21 in order for you to receive credit. It is your responsibility to ensure delivery before this deadline.**

Provider: Complete Section 2. Including provider signature and/or stamp to serve as adequate documentation.

SECTION 1

TO BE COMPLETED BY EMPLOYEE

SUBMIT BY 10/31/2021

EMPLOYEE

SPOUSE OF BAPTIST HEALTH SOUTH FLORIDA EMPLOYEE

ALL FIELDS MUST BE COMPLETED OTHERWISE FORM WILL NOT BE ACCEPTED

Name: _____

DOB: _____ / _____ / _____

Employee or Spouse ID #: _____

Spouse ID = Employee ID + S (no space; case sensitive, i.e. 1234S)

Phone: _____

E- mail: _____

Date: _____

Signature (required) _____

SECTION 2:

TO BE COMPLETED BY PHYSICIAN

SUBMIT BY 10/31/2021

Date of Annual Preventive Care Visit _____ / _____ / _____

Reviewed immunizations

Reviewed preventive screenings

Is this patient a tobacco user? Yes No

Is patient pregnant? Yes No

In the event of pregnancy, employee's OB-GYN can sign form.

Blood Pressure: _____ Height: _____ inches Weight: _____ pounds BMI: _____

i.e. 5 ft =60"; 6 ft =72"

Total Cholesterol: _____ Blood Glucose (non-fasting): _____

Provider Signature: _____

Date: _____ / _____ / _____

Provider Stamp or Printed Name: _____

INSTRUCTIONS:

Upload this form through the Virgin Pulse/My Wellness Advantage platform:

- From the Virgin Pulse Home Page: Click on Benefits
 - Select 2021 Preventive Care Activities
 - Click on Submit your 2021 Annual Preventive Visit form.
- For Questions: Please call Wellness Advantage at 786-596-2387