Program Year: **09/01/2024 - 08/31/2025**

Event code	Sponsor ID	Member number
PCPCY	**5156**	

COMPLETE A PHYSICIAN LAB FORM

VP-BS1019

As part of the wellness program, you may submit a biometric screening form signed by your physician and return the completed form to Virgin Pulse. Once the form is loaded into the system and processed, you will see this requirement marked Complete on your My Rewards page. To submit your completed form, fax it to 401-735-5853, or you may upload it directly to your Virgin Pulse account. To upload, scan your completed form and upload it through the Virgin Pulse desktop or mobile site. Visit member.virginpulse.com, sign in and navigate to your Biometric Screening page to upload your form.

Complete this form in full and submit by **08/15/2025.**

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 American Commercial Barge Line

PART 2: HEALTHCARE PROVIDER (Provider completes Part 2)

Healthcare Provider Phone ☐☐☐-☐☐☐-☐☐☐☐

Date of Screening ☐☐/☐☐/☐☐☐☐

Screenings valid **08/01/2024 - 07/31/2025**

PATIENT INFORMATION

Height ☐☐☐.☐☐ cm OR ☐ feet ☐☐ inches

Weight ☐☐☐.☐ pounds

Fasted for at least **9** hours? Yes ☐ No ☐

METRICS:

BMI	☐☐.☐☐	☐	Blood Pressure	☐☐☐/☐☐☐ mmHg	☐
Total Cholesterol	☐☐☐ mg/dL	☐	Glucose	☐☐☐ mg/dL	☐
HDL	☐☐☐ mg/dL	☐	Triglycerides	☐☐☐ mg/dL	☐
LDL	☐☐☐ mg/dL	☐	Waist Circumference	☐☐.☐☐	☐
Body Fat	☐☐ %	☐			
A1C	☐☐☐ %	☐			

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

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Complete this form in full and submit by **08/15/2025.**
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