

BIOMETRIC SCREENING WELLNESS OPTION VERIFICATION FORM

Team members may qualify for the Wellness Option component if they meet one of the following criteria:

- Maintains an active gym membership
- Physically active away from work for 150 minutes or more per week
- Currently participating in or have completed a Healthchoice program, Weight Watchers or nutrition counseling with a registered dietitian

The form will be considered incomplete if appropriate sections are left blank or form is not signed, dated and returned. Team members will not be eligible for the incentive.

1. **Complete the information below and sign/date form.**
2. **Fax or email completed form no later than November 17, 2017 to: Fax: 321.843.6346 or email: [R- Biometrics@orlandohealth.com](mailto:R-Biometrics@orlandohealth.com)**

PHYSICAL ACTIVITY PARTICIPATION:

I, _____ / _____, confirm that I am currently a gym
(Team Member's name) (Team Member I.D.)

member at _____, and/or perform 150 minutes of moderate

exercise/physical activity per week away from work. (Moderate exercise/activity = heart rate increases, you may break a sweat and can still talk, but not sing.)

HEALTH PROGRAM PARTICIPATION: (Participation and completion from January 1 – November 17, 2017)

I, _____ / _____, confirm that I am currently enrolled
(Team Member's name) (Team Member I.D.)

and participating in or have already completed one of the health management programs listed

below. *(Please check one)*

- Healthchoice Diabetes Program
- Healthchoice Cholesterol (Hyperlipidemia) Program
- Healthchoice Hypertension Program
- Healthchoice Weight Management Program
- Weight Watchers
- Nutrition Counseling with the Registered Dietitian

Clearly Print Full Name: _____

Signature: _____ **Date:** _____