



Only metric results from November 1, 2022 through October 31, 2023 are accepted.

Employee: Complete Section 1. Please use this form to document your 2023 Annual Preventive Care visit and Biometric Screening results. **Wellness Advantage must receive this form by 10/31/23 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 10/31/2023

☐ **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 PROVIDER

SUBMIT BY 10/31/2023

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 Preventive Care Activities
- Click on Submit your Annual Preventive Visit form.

For Questions: Please call Wellness Advantage at 786-596-2387