

2024 Annual Preventive Visit Form



Only metric results from November 1, 2023, through October 31, 2024, are accepted.

Employee: Complete Section 1. Please use this form to document your 2024 Annual Preventive Care visit and Biometric Screening results. **The form must be submitted by 10/31/24 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 10/31/2024

☐ 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 10/31/2024

Date of Annual Preventive Care Visit: ____ / ____ / ____

☐ Reviewed Immunizations

☐ Reviewed Preventive Screenings

Is 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: _____

Submission Instructions:

Upload this form through the Virgin Pulse platform:

- From the Virgin Pulse Home Page: Click on Benefits
- Select Preventive Care Activities
- Click on Upload Your Completed Annual Preventive Care Visit Form

For questions, call 786-596-2387