

WCSD BIOMETRIC WELLNESS SCREENING WAIVER

I, _____, hereby acknowledge that I am choosing NOT to use the wellness screenings being provided to me by Washoe County School District. I understand that these screenings are free, and would be paid for by WCSD. I will instead choose to use a personal provider:

Dr. _____ located at _____

I acknowledge that a screening provided by a personal provider will not automatically upload to Virgin Pulse, so I will have to submit this information to Specialty Health if I want to include the data from my wellness screening in my Virgin Pulse account.

I understand that in order for my screening to be considered complete and count for the 1000 points in the Virgin Pulse platform, I must include both the wellness screening as well as lab work. I must include a copy of that lab work with this document.

Participant Signature: _____ Date: _____

Provider Signature: _____ Date: _____

Participant Name: _____ Date of Birth: _____ SSN: _____

WELLNESS SCREENING DATA SHEET

Date: _____

SCREENING	GOAL*	RESULTS
Height	n/a	_____
Weight	Varies	_____
Blood Pressure	119/79 or less	_____
Body Fat Percentage	Women: 18–32% Men: 10–25%	_____

LAB WORK DATA SHEET

Total Cholesterol	Less than 200 mg/dL	_____
LDL Cholesterol	Less than 130 mg/dL	_____
HDL Cholesterol	Greater than 60 mg/dL	_____
Triglycerides	Less than 150 mg/dL	_____
Blood Sugar	Less than 100 mg/dL	_____

*These goals are general. Talk to your doctor about what your specific goals should be.

MUST SEND IN ALL DOCUMENTS IN ORDER FOR WAIVER TO BE PROCESSED

(Includes any additional lab work)

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