Furman University
Offsite Biometric Screening Instructions

Furman University has partnered with Prisma Health (formerly GHS) to offer a comprehensive approach to assist you in achieving your best health and well-being. This program is an early intervention plan that is designed to help you and your dependents identify areas where you could be at risk for a serious medical condition or to help you manage and control chronic conditions.

If you are currently covered on Furman’s Medical plan, the following steps must be completed in order to obtain the medical premium discount.

Full Legal Name ____________________________ Last digits of SSN __________ Date of Birth __________

Please check one: ☐ Employee ☐ Spouse/Domestic Partner

If spouse/domestic partner, Employee’s Name: ____________________________ Employee’s Date of Birth: __________

Step 1. Create a MyChart Account (If you already have a GHS MyChart Account, skip to Step 2.)

Go to https://mychart.ghs.org and select Sign Up Online. Then choose, Sign Up Directly shown on the right-hand side of your screen. Complete the online registration form. You will then be asked to set-up a username, password and security question. Be sure and store these in a safe location for future use.

If your information is not recognized via MyChart Direct Sign-up, please call Prisma Health Screening Services at 864-797-6631 for assistance.

Step 2. Submit Off-site Screening Results

Lab work obtained between 07/01/2020 - 12/31/2020 can be submitted for credit. Data may be obtained via Personal Primary Care Physician (PCP) or Furman’s Onsite Health Clinic. Physician completes the biometric and laboratory results below.

<table>
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<tr>
<th>Screening Results</th>
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<tbody>
<tr>
<td>Test Date: __________</td>
</tr>
<tr>
<td>Height:__________ Weight:__________ Waist Circumference:__________ Blood Pressure: ______________</td>
</tr>
<tr>
<td>Cholesterol: ________ HDL:________ LDL:_________ Triglycerides:___________ A1C (not blood glucose):_______</td>
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*****All data must be reported in order to receive medical premium discount *****

Physician Signature: ____________________________ Date: __________

Once screening data has been obtained, your physician should fax or email completed form to:
Attention: Melissa Schmidt
Email: Melissa.Schmidt3@PrismaHealth.org
Phone: 864-797-6631 ∙ Fax: 864-797-6635

Step 3. Complete Online Health Assessment via MyChart

Your online health assessment will be completed via MyChart. This assessment will be assigned to you once your off-site screening results have been received. You will receive a notification that your assessment is ready via your MyChart notifications. The assessment will be available in your messages.

I give permission for Prisma Health Business Health Solutions to use the provided information to satisfy my requirement for completing a wellness screening. I understand that my screening results will not be shared with Furman University. Only confirmation of completion will be reported to HR so that I may receive my medical premium discount. I understand it is my responsibility to ensure this form is received.

Employee or Spouse Signature: ____________________________ Date: __________

**Deadline to submit all completed paperwork and the health screening components (biometric lab work and health assessment via MyChart) will be December 31st, 2020.**