

Full Legal Name



## 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.

Last 5 digits of SSN

g						
Please check one:	Employee □ Spo	use/Domestic Pa	artner			
If spouse/domestic partner, Employee's Name:				Employee's Date of Birth:		
Step 1. Create	e a MyChart A	ccount (If you	already have a GHS My	Chart Account, skip to Step 2.)		
	e registration form.	You will then be a		<b>Directly</b> shown on the right-hand side of your screen. me, password and security question. Be sure and		
If your information is assistance.	s not recognized via	ւ MyChart Direct Տ	Sign-up, <u>please call Pris</u>	ma Health Screening Services at 864-797-6631 for		
Step 2. Submi	it Off-site Scre	ening Resu	Its			
				edit. Data may be obtained via Personal Primary Care netric and laboratory results below.		
			Screening Results			
Test Date:						
Height:	Weight:	Waist Ci	rcumference:	Blood Pressure:		
Cholesterol:	HDL:	LDL:	Triglycerides:	A1C (not blood glucose):		
	*****All data m	ust be reported	in order to receive me	dical premium discount ****		
Physician Signature:				Date:		
Once	screening data h		ed, your physician sho ention: Melissa Schm	ould fax or email completed form to:		
			sa.Schmidt3@Prisma			
		· · · · · · · · · · · · · · · · · · ·	-797-6631 · Fax: 864-			
Your online health off-site screening	n assessment will <b>g results have b</b> e	be completed vi een received. Y		essment will be assigned to you once your ication that your assessment is ready via your		
a wellness screening	ng. I understand tha	at my screening re	sults will not be shared	ed information to satisfy my requirement for completing with Furman University. Only confirmation of count. I understand it is my responsibility to ensure this		
Employee or Spouse Signature:				Date:		
				the health screening components t) will be January 31st, 2021. This date		

has been extended due to the COVID-19 Pandemic for the 2021 medical premium discount. \*\*