

Off-site Screening Instructions

Furman University has partnered with Prisma Health to offer a comprehensive program 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.

This form is used as an alternative to participation in the on-site wellness screenings. This allows you to complete the screening with your primary care provider and submit results for credit. **Appointments completed between July 1, 2022 – December 1, 2022 can be accepted for credit.** *This screening is a requirement for the 2023 medical premium discount for employees and spouses/domestic partners, currently covered on Furman University's Medical plan.*

Full Legal Name

Last 5 digits of SSN

____/____/____
Date of Birth

Gender (for stratification purposes) <hr/> Male <input type="checkbox"/> Female <input type="checkbox"/>

Address

City

State

Zip

Email

Phone

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 Prisma Health MyChart Account, skip to Step 2.)

Go to <https://mychart.prismahealth.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.

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

Data may be obtained between **7/1/2022 –12/1/2022** for credit via Personal Primary Care Physician (PCP) or Furman's Onsite Health Clinic. **The provider must complete all of the biometric and laboratory tests listed below or form will not be accepted.**

Screening Results

*****All data must be reported in order to receive medical premium discount *****

Screening Date: _____

Height: _____ Weight: _____ Waist Circumference: _____ Blood Pressure: _____

Cholesterol: _____ HDL: _____ LDL: _____ Triglycerides: _____ A1C (**fasting glucose NOT accepted**): _____ %

Physician Signature: _____ Date: _____

Participant should send completed form to:

Confidential Offsite Screening- Furman University

Email: furmanwellness@prismahealth.org or Secure 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 and processed. This may take up to a week to receive following your form submission.** The assessment will be available in your Prisma Health MyChart 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 Furman University 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: _____

SUBMISSION DEADLINE for all requirements is December 1, 2022.