

Full Legal Name

Employee or Spouse Signature:



## **Offsite Screening Instructions**

Furman University has partnered with Prisma Health 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.

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, 2024 – December 1, 2024 can be accepted for credit. This screening is a requirement for the 2025 medical premium discount for employees and covered spouses/domestic partners, currently covered on Furman University's Medical plan.

Last 4 digits of SSN

Date:

Address	Cit.	04-4-	7:
Address	City	State	Zip Legal Gender
Email	Phone		(for stratification purposes)  Male Female
	ouse/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 <a href="https://mychart.prismahealth.org">https://mychart.prismahealth.org</a> and se your screen. Complete the online registration sure and store these in a safe location for future.	form. You will then be asked to set-		
If your information is not recognized via MyCh assistance.	nart Direct Sign-up, please call Prism	na Health Screening Servic	es at 864-797-6631 for
Step 2. Submit Off-site Screening F	Results		
Data may be obtained between 7/1/2024 – 12. Wellness Center. The provider must complete			Furman University's Onsite
	Screening Results		
***All data mus	st be reported in order to receive medic	cal premium discount ***	
Screening Date:			
Height: Weight (voluntary):_	Waist Circumference:	Blood Pres	sure:
Cholesterol: HDL: LD	DL: Triglycerides:	A1C (fasting glucos	s <mark>e NOT accepted</mark> ): %
Physician Signature:		Date:	
Atte	articipant should send completed ention: Offsite Screening- Furmar anwellness@PrismaHealth.org o	n University	
Step 3. Complete Online Health As Your online health assessment will be comple off site screening results have been received.	eted via Prisma Health MyChart. <u>This</u> ved and processed. This may take	a week to receive follow	ring submission. You will
receive a notification that your assessment is your messages.  I give permission for Prisma Health Employer			