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.

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. 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

Data may be obtained between 7/1/2024 – 12/1/2024 for credit via Personal Primary Care Physician (PCP) or Furman University’s Onsite Wellness Center. The provider must complete all of the biometric and laboratory tests listed below.

**Screening Results**

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

Screening Date: ________________
Height:__________  Weight (voluntary):__________  Waist Circumference:__________  Blood Pressure: _______________
Cholesterol: ________  HDL:________  LDL:________  Triglycerides:___________  A1C (fasting glucose NOT accepted):_______%

Physician Signature: _______________________________________________    Date:____________________

Participant should send completed form to:
Attention: Offsite Screening- Furman University
Email: Furmanwellness@PrismaHealth.org or Fax: 864-797-6635

Step 3. Complete Online Health Assessment via MyChart

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

I give permission for Prisma Health Employer Health Services 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: __________________

SUBMISSION DEADLINE for all requirements is December 1, 2024.