



Verified Height & Weight Form
Valid until 12/31/2013

[Submit Online](#)

You can submit this form online.

Simply log into the Vitality website, navigate to the forms page and submit your information and supporting documentation online for points.

Complete Section A and have an approved Vitality partner or other recognized professional or entity complete Sections B, C & D below. To qualify for Vitality Points, you must submit the documentation within 90 days of the event completion.

Section A: Member Information	
First Name:	Last Name:
Vitality ID:	Date of Birth:
Consent to Release and Use of Information I consent to the release of my health information to Vitality or its representatives. A photocopy of this consent shall be as effective and valid as the original. This consent shall be considered valid for one year from the date signed. I understand and agree that Vitality and its representatives have the right to request and review, at any time, applicable screening test(s) to confirm information and results herein.	
Member Signature:	Date:

Section B: In-Person Measurement Results		
Weight:	Height:	Date of Measure:
Lbs	Feet Inches	



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Section C: Entity Performing Measure		
Type of Entity (Check One)		
<input type="checkbox"/> Vitality Partner Health Club	<input type="checkbox"/> Vitality Check partner	<input type="checkbox"/> Licensed Dietician
<input type="checkbox"/> Vitality Fitness Assessment partner (other than Partner Health Club)	<input type="checkbox"/> Employer-sponsored Weight Loss/Health & Wellness Event ¹	<input type="checkbox"/> Physician (MD or DO) office
<input type="checkbox"/> Certified Fitness Professional ²	<input type="checkbox"/> Weight Loss Program ³	
1 Employer-sponsored events must be approved by Vitality for recognition of height and weight measures.		
2 Other than a Vitality Partner, see the Vitality website for recognized fitness professional certifications.		
3 Weight Loss Program must be recognized by Vitality, and include in-person weight and height measures.		
Business / Health Club / Practice / Professional Name:		Phone:
Address:		

Section D: Certification of Results		
I certify I personally measured this individual's weight and height, and attest to the accuracy of results reported herein.		
Name of Person Conducting Measure:	Title:	Certification or Licensure (if applicable):
Signature :	Date	Certification ID # (if applicable)

You can also send this form and supporting documentation to:

**The Vitality Group
200 West Monroe
Suite 2100
Chicago, IL 60606**

**Or Fax: (877) 224-7110
Or Email: wellness@powerofvitality.com**