



Verified Height & Weight Form

Instructions: Please complete the form below and submit it to Vitality™ with proof of measurements. This proof can include ONE of the following:

- A signature in Section D of this form from the person authorized to conduct the measurement or
- A official copy of your measurements from the facility

Please note that submitting this result will automatically update your Vitality Health Review™.

We encourage you to submit this activity online. Simply log into your Vitality account, navigate to **Home > Submit Activity**, select your activity and follow the prompts to submit your information and supporting documentation. Alternatively, you may email your submission to wellness@powerofvitality.com or fax it to **877.224.7110**.

Please note, submission via email is not secure until received by Vitality. For your protection, Vitality strongly recommends the use of our online submission option.

Section A: Member's Information	
First Name of Member who Completed the Activity:	Last Name of Member who Completed the Activity:
Vitality ID:	Date of Birth:

Section B: Measurements			
Weight: lbs	Height: inches	Waist Circumference: inches	Date of Screening:
I am including the following as proof of my verified height and weight (check one):			
<input type="checkbox"/> A signature in Section C of this form from the person authorized to conduct the measurement		<input type="checkbox"/> A official copy of my measurements from the facility	

Section C: Entity Performing Measure		
Who conducted these measurements? (check one)	<input type="checkbox"/> Vitality Check Partner	<input type="checkbox"/> Licensed Dietician
<input type="checkbox"/> Vitality Partner Health Club	<input type="checkbox"/> Employer-sponsored Weight Loss/Health & Wellness Event ³	<input type="checkbox"/> Physician's (MD or DO) office
<input type="checkbox"/> Weight Loss Program ¹	<input type="checkbox"/> Vitality Partner Assessment Partner (other than Partner Health Club)	<input type="checkbox"/> Approved submitter authorized by my employer
<input type="checkbox"/> Certified Fitness Professional ²		
<ol style="list-style-type: none"> 1 Weight Loss Program must be recognized by Vitality, and included in-person weight and height measures. 2 Other than a Vitality Partner, see the Vitality website for recognized fitness professional certifications. 3 Employer-sponsored events must be approved by Vitality for recognition of height and weight measures. 		

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

Section E: Member's Declaration and Consent	
By signing this form, I attest that I completed this height and weight measurements as listed above and that the information submitted with this request is accurate and complete. I consent and agree that Vitality or any of its representatives has the right to verify and review information to substantiate information and representations herein for the purpose of awarding Vitality Points.	
Member's Signature:	Date of Signature:

Notice of Reasonable Alternative Standard: If it is medically inadvisable or not plausible for you to meet Vitality's healthy range standards, you may complete and submit the Biometrics Physician Waiver or, if you are currently pregnant, the Prenatal Care Verification Waiver. Doing so will allow you to earn Vitality Points in the Healthy Measures category that you otherwise may not be eligible to receive. To access these forms, please log into your Vitality account and navigate to **Forms > Medical Accommodations / Waivers**.

Questions? Please feel free to contact a Vitality Customer Care representative at **877.224.7117** or wellness@powerofvitality.com.