

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, 2023 – December 1, 2023 can be accepted for credit.** This screening is a requirement for the 2024 medical premium discount for employees and covered spouses/domestic partners, currently covered on Furman University's Medical plan.

Full Legal Name

Last 4 digits of SSN

_____/_____/_____
Date of Birth

Address

City

State

Zip

Email

Phone

Legal Gender
(for stratification purposes)

Male Female

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. 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 7/1/2023 – 12/1/2023** 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, 2023.