## **Health Check & Screening Form**

## **Att: Health Professionals:**

• Please submit one form per health professional only.

- This form is to confirm that the AIA Vitality member has completed a health check or has taken part in a screening activity on the date below.
- Only current medical practitioners or other appropriately qualified and accredited health professionals may complete this form and they must be independent from the AIA Vitality member and their immediate family.
- As a qualified medical practitioner, you will need to complete each section (where applicable).

Health Professional Name	Date (dd/mm/yyyy)	Member Name		AIA Vitality Membership No.		
				(Available in the Ad	ccount section of the app)	
Health Check (Your lo	cal heath care provider	– GP or Pha	rmacy)		ир то 6,000	
Weight kg Height	cm <b>BMI</b>		Blood glucose tests, please one of the following:	e choose	POINTS*	
Total mmol/L	Blood Pressure	Sys/Dia	Blood Glucose Random	mmol/L Blood Glucos	mmol/L	
Waist Circumference (If available)	Body Fat (If available)	%	HbA1c (For Goals only)	mmol/L HbA1c (For Goals only)	%	
*You will receive 750 AIA Vitality points for each of t	the four tests (BMI, Cholesterol, Blo	ood Pressure and	Blood Glucose) and a further 750	points for each test in the health	y range (As of 2 Oct 2017).	
Screenings & Vaccin	Clinical Cervical S		colon Cancer Screen		1,000 POINTS EACH	
Pneumococcal Vaccination	Flu Vaccination		Dental Checkup	HPV Vaccinati	on (Cervix or Gardasil)	
<b>Declarations</b> (Member	and health profession	al to comple	ete)			
Health Professional's Signature			Clinic Name			
*Member Signature			Clinic Contact Numbe	r		
*In signing this form and/or submitting it to AIA / maximum extent permitted by law) each of the me						
🖒 Results Capture and	d Upload					
Submit via the app			Take AIA Vitality wherever you go, download the app today!  Download on the App Store			
<ul> <li>Input the results above &amp; a photo of this form through the Health Check or relevant screening section of the app to earn points.</li> </ul>				out Health Checks,		

\*As an AIA Vitality member, by signing and submitting the above, I confirm that I have read and consent to the collection, use, handling and disclosure of my personal information in the manner described in the Privacy Policy each of AIA Australia Ltd, AIA Vitality Company Limited and Discovery located at http://www.aia.com.au/en/tools/modal-pages/Mobile-App-Privacy.html (AIAA) and https://www.discovery.co.za/portal/individual/terms-and-conditions (Discovery) and agree that these documents may be updated from time to time, and that any personal information AIA Australia and/or Discovery hold will be governed by that entity's most current Privacy Policy. I understand that in addition to the purposes set out in these privacy policies that my personal information may be used and I may be contacted by AIA Australia Ltd for the purposes of verifying the information on this form. AIA Australia Limited ABN 79 004 837 861.

VIT3532 08/13/18

Screening or Vaccinations, please do not

hesitate to contact us.

