

## 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, 2025 – December 1, 2025 can be accepted for credit.** This screening is a requirement for the 2026 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

\_\_\_\_\_ City State Zip

\_\_\_\_\_ Phone

Legal Gender (for stratification purposes)	
Male <input type="checkbox"/>	Female <input type="checkbox"/>

**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 7/1/2025 – 12/1/2025** 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](mailto: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, 2025.**