# **HEALTH CHECK & SCREENING FORM**

# **Attention Health Professionals**

- 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(s) 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).

# **SCREENINGS & VACCINATIONS**

MEMBER DETAILS					Date	Initials
HENDER DETAILO				Dental check	dd/mm/yy	Initials
AIA Vitality Member number				Eye check	dd/mm/yy	Initials
				Lyecheck		initiats
Member name				Skin cancer screen	dd/mm/yy	Initials
HEALTH CHECK		Date dd/m	m/yy	Bowel cancer screen	dd/mm/yy	Initials
				Breast cancer screen	dd/mm/yy	Initials
Body composition	n	Blood pressure	sys/dia	Cervical cancer screen	dd/mm/yy	Initials
Height	m ,	Blood glucose Random	mmol/L *	COVID-19 vaccination (once-off only)	dd/mm/yy	Initials
Weight	kg	Blood glucose	mmol/L	Flu vaccination	dd/mm/yy	Initials
Waist circ	cm	HbA1c	%	Shingles Voster vaccination (once-off only)	dd/mm/yy	Initials
ВМІ	kg/m²	Total cholesterol	mmol/L *	Pneumococcal vaccination (once-off only)	dd/mm/yy	Initials
		*Rec	uired for a full VHC			

## **DECLARATIONS**

Health professional's signature

#### Clinic name

Clinic contact number

Member's signature

# **RESULTS CAPTURE AND UPLOAD**

#### Submit via the AIA Vitality app

- Input the results above and a photo of this form through the Health Checks & Vaccinations section of the app to earn points.
- Please submit one form per health professional only.

#### Take AIA Vitality wherever you go through our app for iPhone and Android.

Any questions about AIA Vitality Health Check, screenings, or vaccinations, please do not hesitate to contact us.

\*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 www.aia.com.au/en/individual/index/privacy-policy. 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.

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