

Health Check & Screening Form

AIA Vitality

Att: 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 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.

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(Available in the Account section of the app)

 Health Check (Your local health care provider – GP or other appropriate medical professional)				
1	Weight <input type="text"/> kg	Height <input type="text"/> cm	BMI <input type="text"/>	
2	Total Cholesterol <input type="text"/> mmol/L	3	Blood Pressure <input type="text"/> Sys/Dia	
Waist Circumference <input type="text"/> cm <small>(If available)</small>		Body Fat <input type="text"/> % <small>(optional)</small>		
4 Blood glucose tests, please choose one of the following:				
	Blood Glucose Random <input type="text"/> mmol/L	Blood Glucose Fasting <input type="text"/> mmol/L		
	HbA1c <input type="text"/> mmol/L	HbA1c <input type="text"/> %		

*You will receive 1,000 AIA Vitality points for each of the four tests (BMI, Cholesterol, Blood Pressure and Blood Glucose) and a further 1,500 points for each test in the healthy range (As at April 2019).

 Screenings & Vaccinations (Your local healthcare provider – please tick)			
<input type="checkbox"/> Mammogram	<input type="checkbox"/> Cervical Smear Test	<input type="checkbox"/> Colon Cancer Screen	
<input type="checkbox"/> Pneumococcal Vaccination	<input type="checkbox"/> Flu Vaccination	<input type="checkbox"/> Dental Checkup	
<input type="checkbox"/> HPV Vaccination	<input type="checkbox"/> Shingles (Zoster) Vaccination	<input type="checkbox"/> Td Vaccination	

Declarations (Member and health professional to complete)

Health Professional's Signature

Clinic Name

*Member Signature

Clinic Contact Number

*As an AIA Vitality member, by signing and submitting this form to AIA Services New Zealand Limited, I acknowledge and agree that AIA Services New Zealand Limited will use my AIA Vitality Health Check results solely for the purpose of determining my entitlement to be awarded AIA Vitality Points; that it is my responsibility to seek further medical advice in respect of my results; and that (to the maximum extent permitted by law) each of the medical institution named above and AIA Services New Zealand Limited are not responsible for any loss or damage which I may suffer due to my failure to seek such advice.

Results Capture and Upload

Submit via the app

- Input the results above & a photo of this form through the Health Check or relevant screening section of the AIA Vitality 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.

If you have any questions about Health Checks, Screenings or Vaccinations, please contact us on 0800 242 888 or NZVitality@aia.com.



* 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 terms and conditions <https://member.aiavitality.co.nz/en/nz/aia-vitality/legal/terms-and-conditions.html>, the Privacy Policy of AIA Services New Zealand Limited, 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 Services New Zealand Limited, 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 Services Australia Limited for the purposes of verifying the information on this form. VIT4686 05/19