Wellpower Ending Weigh-Out Form Spring 13 Reward Period

STEP 1: Complete the Ending Weigh-Out between **May 31 and June 21**, at an on-campus Weigh-Out event or at a physician's office and record it on this form. If you weigh using our confidential self-service scale, please attach the printout you received to the bottom of this form, fill out the Employee Participant Information complete the height and weight questions only in the provider section.

If you are leaving campus for the summer prior to May 31, email us at Wellpower@smu.edu for assistance.

Note: A completed Beginning Weigh-In Form should have been submitted by February 22, 2013 to participate in this challenge.

Employee Participant Information			
SMU Employee ID #	Name	Your Gender ☐ M ☐ F	Your Date of Birth

I hereby authorize the provider(s) listed below to disclose my individually identifiable health information as described below. I understand that this authorization is voluntary and I may refuse to sign this authorization. I further understand that my health care and the payment of my health care will not be affected if I do not sign this form. I understand that if the recipient authorized to receive the information is not a covered entity, e.g. insurance company or non -health care provider, the released information may no longer be protected by federal and state privacy regulations. I understand that this authorization will expire by law 180 days from the date of this authorization unless I otherwise specify. I further understand that I may revoke this authorization at any time by notifying Baylor Health System at the address listed in the document below. I also understand that the written revocation must be signed and dated with a date that is later than the date on this authorization. The revocation will not affect any actions taken before the receipt of the written revocation. Description of information to be released: SMU Wellpower Weigh In / Weigh Out Challenge. Description of the purpose of the use and / or disclosure: SMU Wellpower Weigh In / Weigh Out Challenge. The health information described herein shall be released to: Baylor Health & Wellness Department, 2001 Bryan Street, Suite 3155, Dallas, TX 75201. Fax – 214-820-8773.

Employee Signature: _____

PROVIDER INSTRUCTIONS: Complete the Provider Information section and provide results. If it is medically unadvisable to complete a weigh-in/out due to a medical condition (for example, pregnancy, etc.), please check the Exemptions box.

Required Information		**Desirable BMI Ranges**		**Exemptions** (Provider Use Only)
Height (feet): _____ (inches):_____ Weight (lbs): _____ BMI: _____		18.5-24.9 = Normal 25.0-29.9 = Overweight 30.0 & above = Obese		☐ Exempt due to a medical condition or other health factors
Provider Information	Provider Name / Name of Facility	Contact Number	Date of Service	Provider Signature

STEP 2: Fax this form to 214-820-8773 or give it directly to the Baylor/SMU Health Coach if available.

Earning Wellpower Credit: Participants must either have made progress toward a healthy weight or show weight gain of less than 2 pounds on the Ending Weigh-In to earn the challenge credit. Both Beginning and Ending Weigh-In forms must be received by Baylor Health System to earn credit for the challenge.

Questions? Email wellpower@smu.edu for assistance.