

VITALITY ASSESSMENT CONSENT FORM

I hereby give consent to Dr Kian Barrett [Legacy Med] to disclose the following test results from my Executive Wellness Assessment on .....(date) to Discovery Health as part of the standard procedure for the allocation of points on the Vitality Discovery Programme:

- Blood Pressure
- Blood Glucose
- Cholesterol
- Weight
- Height
- HIV

I understand that the process of sharing information between Legacy Med and Discovery Health will be managed confidentially, is for the Discovery Programme only, and that Legacy Med is merely assisting me in providing information to the Vitality points programme.

I understand that I am entitled to withhold this information, but as dictated by Discovery's regulations, this would disqualify me from earning any Vitality points for this intervention.

I therefore accept that Legacy Med (or any of its associated companies) is in no way liable for any consequences that may arise out of the transfer of this information to Discovery Health.

I understand that, should I have any queries or disputes regarding the allocation (or non-allocation) of Vitality points, I will address these directly with Discovery Vitality.

Name: \_\_\_\_\_

Membership Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

