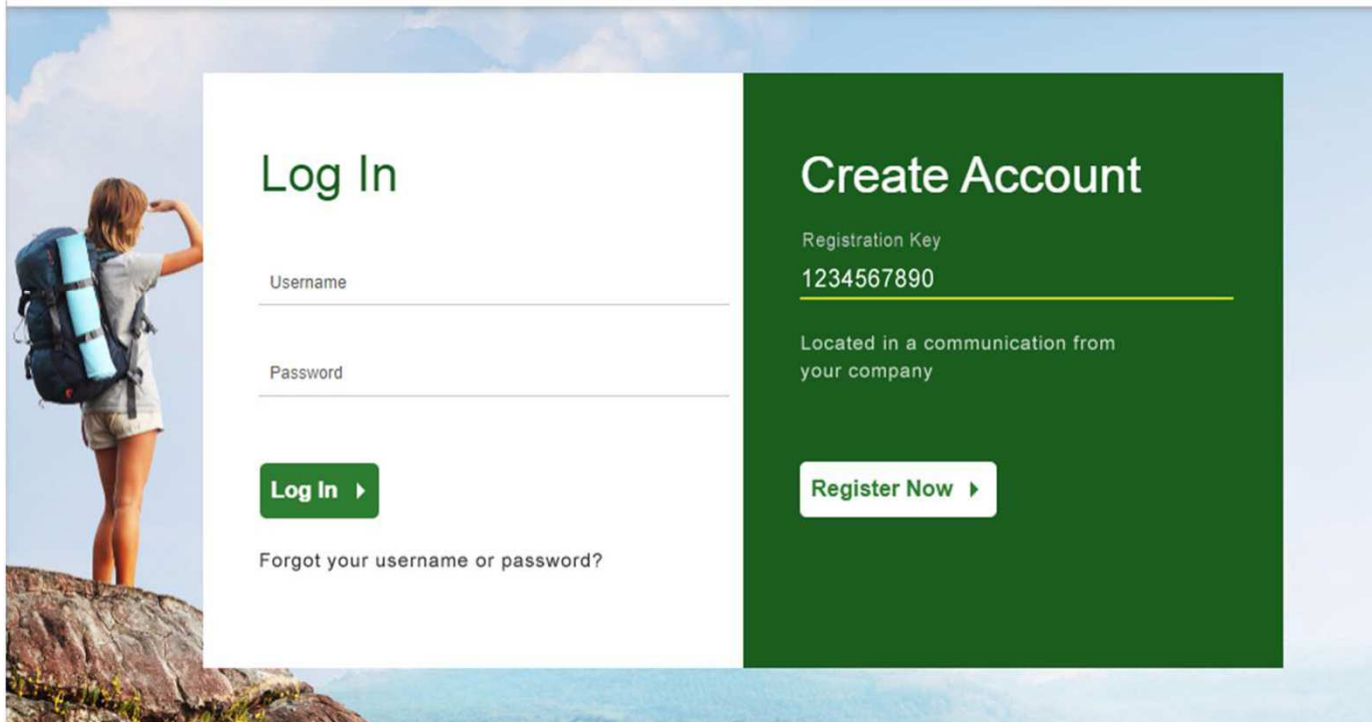


## How register on My.QuestForHealth.com

- Visit [My.QuestForHealth.com](https://My.QuestForHealth.com)
- If you've already established an account, use the **Log In** area to enter your **username** and **password** and select the green **Log In** button
  - If you've forgotten your login information, use the **username** link to retrieve your username or the **password** link to reset your password
- If you've never registered on the site to establish an account, use the **Create Account** area, enter the registration key provided by your employer, and select the **Register Now** button



[Contact Us](#)



**Registration Key:**  
**Argus2021**

**Please note: these screenshots are based on common browser resolution; actual screens may vary due to responsive design**

- Read through the Quest Diagnostics Terms and Conditions
- Scroll to the bottom and select the **Accept & Continue** button

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for WELLNESS®



Logo 2

Contact

## Terms and Conditions

1. Terms of Service: Quest Diagnostics Health & Wellness represents health benefit management programs with policies in place to maintain the confidentiality of your information consistent with Quest Diagnostics Notice of Privacy Practices, which may be found at [QuestDiagnostics.com/home/privacy-policy/online-privacy.html](http://QuestDiagnostics.com/home/privacy-policy/online-privacy.html) Our Privacy of Protected Health Information (PHI) policy requires that we "must obtain, maintain, use and disclose patient protected health information in a manner that protects patient privacy and complies with all state and federal laws." Though this is a voluntary program, should you choose not to accept these Terms and Conditions, you will not be able to participate.
2. By participating in the wellness screening program(s) you acknowledge, and consent to, Quest Diagnostics Health & Wellness' disclosure of the data and outcomes of your Health Questionnaire and test results in accordance with the requirements of the Health Insurance and Portability and Accountability Act (HIPAA) and any other applicable laws. If you are providing family medical history or other genetic information through a Health Questionnaire or test results, you are also authorizing and consenting to the use of such genetic information for the purposes of the wellness screening program as described in paragraph 3 below. If

**Accept & Continue** ▶

- Under **Confirm Your Eligibility**, enter your First Name, Last Name , Date of Birth, and relationship to the organization
- select the green **Continue** button

1 Confirm Your Eligibility ————— 2 Create Account ————— 3 Enter Your Information

## Confirm Your Eligibility

Please enter your first name, last name and date of birth as recognized by your employer, if you have trouble logging in please call Quest Service Center 855.623.9355."

First Name \*

Last Name \*

Date Of Birth \*



Example: 01/25/1980

Relation \*

Employee



Continue ▶

- Create a username and password to log in to your account
  - The password must be at least 8 characters long, include a number or special character, and include at least 1 uppercase and 1 lowercase letter
- select the green **Continue** button

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Logo 2

Contact



Confirm Your Eligibility



Create Your Account



Enter Your Information

## Create Your Account

Username

Password



8 Characters, Number or Special Character, Uppercase, Lowercase

Confirm Password



Must Match Password


**Continue** ▶

- Verify/complete all of the information under **Enter Your Information**
  - Please note that an email address is required and will be used in a case where you need to retrieve your username or reset your password
- Verify/complete all of the information under **Mailing Address**
- select the green **Submit** button


Confirm Your Eligibility — Create Your Account — **Enter Your Information**

## Enter Your Information

First Name  Last Name

Birth Date   Gender

Phone  Email Address

Location Code  Insurance Member ID  Social Security Number  

## Mailing Address

Address (Line 1)  Address (Line 2)

Country  City  State  Zip Code

**Submit**

## How to complete a screening using a Physician Results Form

- Visit [My.QuestForHealth.com](https://my.questforhealth.com)
- If you've already established an account, use the **Log In** area to enter your **username** and **password** and select the green **Log In** button
  - If you've forgotten your login information, use the **password** link to reset your password or the **username** link to retrieve your username
- If you've never registered on the site to establish an account, use the **Create Account** area
- After logging in or registering, you will be taken to the dashboard

The screenshot shows the top navigation bar with the Blueprint for Wellness and Quest Diagnostics logos on the left. In the center, there is a grey box labeled "Logo 2". On the right, the user is logged in as "Allison Andrews" with links for "My Account", "Contact", and "Logoff". Below the navigation bar, there are two main content sections. The first section is titled "Why Should You Participate" and contains the text: "Completing a screening gives you the knowledge you need to identify your health risks and transform your health. Schedule your screening today!". To the right of this text is an image of a woman and a child in a kitchen, with a green button below it that says "About Your Program" with a right-pointing arrow. The second section is titled "Wellness Screening" and contains the text: "To get started, select an screening method below.". Below this text is a white box with a green border containing the text "Physician Results Form" and a green button below it that says "Download Form" with a right-pointing arrow.

Please note: these screenshots are based on common browser resolution; actual screens may vary due to responsive design

- After arriving on the confirmation page, you can select the green **Download Form** button to download and print your personalized form
  - Verify that all of your personalized information included in the form is accurate and have your physician complete the form
  - Please note the range of dates when the test must be completed and the deadline to return the form
- select the green **Back to Dashboard** link to return to your dashboard

## Thank you,

Your wellness screening has been created as a Physician Results Form, download it below.

### Physician Results Form

[Download Form ▶](#)

Tests must be completed between:  
**Friday, Nov 01, 2019 - Saturday, Oct 31, 2020**

Physician Results Form must be returned by:  
**Saturday, Oct 31, 2020**

[Back to Dashboard ▶](#)

### Prepare For Your Appointment



Drink plenty of water prior to your appointment.



Continue to take all medications as prescribed by your healthcare provider

### Next Steps

1 You can fax your form to 844.560.5221 or [upload it](#).

For questions, contact the Health & Wellness Service Center: 855.623.9355

### Additional Information

"IMPORTANT-THIS FORM APPLIES TO THE BIOMETRIC SCREENING PROGRAM FOR THE THRIVE WELLNESS PROGRAM ADMINISTERED THROUGH QUEST DIAGNOSTICS ONLY"

- After selecting the **Upload Form** button on the dashboard, browse your computer for the completed Physician Results Form
- You will then arrive at the screen below (if you upload the incorrect file, you can browse your computer again by selecting the green **Change Form** button)
- In the **Input Your Results** section, validate your form by entering the measurements shown on your form
- After filling in all required information, select the green **Submit** button
- You will receive an email as notification whether your form has been processed, or rejected for any reason

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Logo 2

Hello, Alexandria Didaplinko

[My Results](#)

[My Account](#)

[Contact Us](#)

## Uploaded File



**Change Form** ▶



## Input your results

Date Test(s) Performed



Height (feet)



Height (Inches)



Weight (lbs)

Hip (inches)

Pulse