



Andrews University  
Health Engagement  
2020 Annual Physical Form

**Patient:** As one of the requirements to receive your wellness reward, please complete Section 1 and have your provider complete Sections 2 and 3.  
Dates of service will be accepted from March 1, 2019 thru February 28, 2020.

Section 1: Patient information (to be completed by Patient)		
Last Name:	First Name:	
Employer Name: Andrews University	Group #: 773	Birth Date: / /
Patient Phone Number: ( )	Physical Date of Service: / /	

**Provider:** Please fully complete Sections 2 and 3. Credit will not be awarded to patient if a measurement is left blank.

Section 2: Screening Results (to be completed by Provider)		
Screening	Results	Date of Service
Total Cholesterol:		/ /
HDL:		/ /
LDL:		/ /
Triglycerides:		/ /
Height (in):		/ /
Weight (lbs):		/ /
Body Mass Index* (BMI):		/ /
Glucose:		/ /
Blood Pressure:		/ /
Tobacco:	<input type="checkbox"/> Tobacco user <input type="checkbox"/> Non-tobacco user	/ /

\*A patient who is pregnant can meet the BMI requirements per provider discretion. Please write *pregnant* in results box.

Section 3: Provider Certification (Physician, Physician Assistant or Nurse Practitioner)	
Provider Name:	Phone number: ( )
Provider Signature:	Date: / /

**PLEASE KEEP A COPY FOR YOUR RECORDS AND RETURN COMPLETED FORM TO ASR BY  
February 28, 2020:**

ATTN: Health Engagement  
PO BOX 68010 Grand Rapids, MI 49516-8010  
Phone: (800) 968-3033 Fax: (616) 464-4469  
Email: healthengagement@asrhealthbenefits.com