

Health Engagement Routine Physical/Screening Form

To qualify for the incentive, both the employee and spouse (if applicable) must obtain a routine physical and the screenings below from **March 1**, **2021** through **Februrary 28**, **2022**. The incentive will be awarded **July 1**, **2022**.

Section 1: Patient information				
Last Name:		First Name:		
Employer Name: Andrews University		Group Number: 773		
Phone Number: ()		Birth Date: / /		
Section 2: Screening Results				
Note: Each screening result and date of service below must be completed for you to receive credit. Please enter NA if your provider deems a test is not necessary or PG if you are pregnant.				
Screening	Re	sults		Date of Service
Routine Physical:				1 1
Total Cholesterol:				1 1
HDL:				1 1
LDL:				1 1
Triglycerides:				1 1
Body Mass Index (BMI):				1 1
Glucose:				1 1
Blood Pressure:				1 1
Tobacco:	☐ Tobacco user ☐ Non-tobacco user			1 1
Section 3: Provider Certification (Physician, Physician Assistant or Nurse Practitioner)				
Note: Form must be signed to receive credit.				
Provider Name:		Phone No	umber: ()	
Provider Signature:		Date: /	1	

Please keep a copy for your records and submit completed form to ASR by March 7, 2022:

ATTN: Health Engagement
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