

Andrews University

Health Engagement

2025-2026 Annual Physical Form

Name of Employee: _____

Employee ID number: _____

Name of Spouse (if applicable): _____

_____ was seen on _____ for
(Patient's Name) (date of physical)

their annual preventative exam.

Name of attending Physician Telephone Number

Signature of attending Physician Date

Employee is responsible for submitting completed forms to Benefits via:

- email at benefits@andrews.edu
- fax 269-471-6293
- in person, 2nd floor of administration building, office 213A
- Late submissions will not be accepted.

4150 Administration Dr.
Berrien Springs MI 49104-0840
Office: 269-471-3327
Fax: 269-471-6293
Web: Andrews.edu/hr
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