



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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