ANNUAL PHYSICAL FORM - MICHAELS

If you have completed your preventive exam and lab work July 1, 2022 or after, you need your physician to complete the bottom of this form to avoid a surcharge on your 2023/2024 medical premium. Please scan and upload your completed form to https://michaels.uswellness.com on or before June 30, 2023. Receipt of your form will be confirmed within two business days to the email provided below (please print clearly and allow emails from uswellness.com).

STEP 1: To be completed by Team Member
First Name Last Name
Street Address
City State Zip
Date of Birth: ()
(Month) (Date) (Year) Phone Number
Gender:
Female Male Employee ID
E-mail address (to receive e-mail verification from US Wellness)
I understand that any individually identifiable health information about me obtained in the course of this screening may be released to and maintained by US Wellness. I understand and authorize US Wellness to share my individually identifiable health information with Aetna Inc. (Aetna members only) for the purpose of providing wellness services. I understand that my individually identifiable health information will not be shared with my employer. I authorize that US Wellness and Aetna Inc. may contact me and that my information will be managed in accordance with the uses and disclosures permitted of covered entities under the federal HIPAA Privacy Rule. X Team Member Signature (SIGNATURE REQUIRED)
STEP 3: To be completed by physician office Please sign and date below to confirm your patient has completed their annual physical between 5/1/2022 and 6/30/2023.
Date of Exam: (Month) (Date) (Year)
Health Care Provider Name Phone Number
Health Care Provider Signature Date

STEP 4: To be completed by Team Member

Scan and upload your completed form to https://michaels.uswellness.com on or before

June 30, 2023 11:59pm EST. Email confirmation will be sent to the email address provided above within two business days.