PHYSICIAN SCREENING FORM – MICHAELS

If you have completed your preventive exam and lab work May 1, 2020 or after, you need your physician to complete the bottom of this form to avoid a surcharge on your 2021 medical premium beginning July 1, 2021. Please scan and upload your completed form to https://michaels.uswellness.com on or before **April 30, 2021**. 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)

Gender: Female Male

( ) Phone Number

E-mail address *(to receive e-mail verification from US Wellness)*

STEP 2: To be completed by team member

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) Date

STEP 3: To be completed by your physician *required fields

PREGNANT ◯ **Yes** ◯ **No**

Cholesterol*

Total Cholesterol*

HDL Cholesterol*

LDL Cholesterol*

Triglycerides*

Was patient fasting for more than 8 hours prior to this test? ◯ Yes ◯ No

Date of Test: (Month) (Day) (Year)

Glucose (Blood Sugar)*

Was patient fasting for more than 8 hours prior to this test? ◯ Yes ◯ No

Date of Test: (Month) (Day) (Year)

Blood Pressure*

Systolic* /

Diastolic*

Date of Test: (Month) (Day) (Year)

Height*: (Feet) (Inches)

Weight* (lbs):

Date of Measurement: (Month) (Day) (Year)

Physician Name Physician Signature Phone Number Date

STEP 4: To be completed by team member

Scan and upload your completed form to https://michaels.uswellness.com on or before **April 30, 2021** 11:59pm EST. Email confirmation will be sent to the email address provided above within two business days.

USWellness