

Preventive Service Form

Name _____ Date of Birth _____ Gender Male Female
 MACI Associate MACI Spouse

Michigan Automotive Compressor, Inc. *It's Your Life* Health Management Program participants must provide documentation that the following preventive screenings* were completed. Please indicate the last date of service outlined below based participant's age and gender. **Deadline for receipt is October 31, 2019.**

Age 18-49	Frequency	Satisfied if Completed After	Date of Service
Preventive Office Visit (Physical)	Every 2 years	Jan. 1, 2017	
FEMALE ONLY:			
Cervical Cancer screening (Pap Smear) 21 and older <u>OR</u>	Every 3 years	Jan. 1, 2016	
Cervical Cancer screening AND HPV testing 30 and older	Every 5 years	Jan. 1, 2014	
Age 50-64			
Preventive Office Visit (Physical)	Every 2 years	Jan. 1, 2017	
Colon Cancer Screening			
• Colonoscopy OR	Every 10 years	Jan. 1, 2009	
• Sigmoidoscopy OR	Every 5 years	Jan. 1, 2014	
• Fecal Occult Blood Test	Every year	Jan. 1, 2018	
FEMALE ONLY:			
Cervical Cancer screening (Pap Smear) <u>OR</u>	Every 3 years	Jan. 1, 2016	
Cervical Cancer screening AND HPV testing 30 and older	Every 5 years	Jan. 1, 2014	
Breast Cancer Screening – Mammogram	Every 2 years	Jan. 1, 2017	
Age 65+			
Preventive Office Visit (Physical)	Every 2 years	Jan. 1, 2017	
Colon Cancer Screening			
• Colonoscopy OR	Every 10 years	Jan. 1, 2009	
• Sigmoidoscopy OR	Every 5 years	Jan. 1, 2014	
• Fecal Occult Blood Test	Every year	Jan. 1, 2018	
Pneumonia Vaccine	Once	Ever	
FEMALE ONLY:			
Breast Cancer Screening – Mammogram	Every 2 years	Jan. 1, 2017	
Osteoporosis Screening	Once	Ever	

Physicians should indicate "**EXEMPT**" in place of the date for those services that are inappropriate or unnecessary for a participant to receive due to a medical condition or circumstance.

Physician Name _____ Physician Signature _____

**These screening recommendations are based on guidelines for the general population, specific to age and gender only. Based on your personal or family health history, you may need more frequent or additional screening tests. Talk to your doctor about your health history and about which other tests you may need.*

Completed forms may be deposited in the It's Your Life Drop Box at MACI or returned by fax or mail to:
 Henry Ford Allegiance Prevention and Community Health
 One Jackson Square, 9th floor
 Jackson, MI 49201
 Phone: (517) 205-7495 Fax: (517) 205-5941