

Physician Health Screen Form

MACI

Print Name _____ Date of Birth _____

MACI Associate # _____

- MACI Associate
 MACI Spouse

MACI is offering the *It's Your Life* Health Management Program to associates and spouses. Those who wish to complete the health screen at their physician's office may submit this form to fulfill their health screen requirements. **Deadline to submit this form is November 30, 2018.**

Lab values (cholesterol, triglycerides and glucose), height, weight and blood pressure measurements must be completed **January 1, 2018** or later to qualify.

Please have your physician's office indicate the value and date of service below.

	Result	Date of Service must be January 1, 2018 or later
Blood Pressure		
Systolic		
Diastolic		
Height and Weight (without shoes)		
Height		
Weight		
FASTING Labs		
Total Cholesterol		
HDL Cholesterol		
LDL Cholesterol		
Triglycerides		
Glucose		

*Your physician's office may require you to sign a waiver releasing information to Henry Ford Allegiance Health Department of Prevention and Community Health. All personal health information provided will remain confidential and secure. Also, employees/spouses are responsible for any co-pays, etc. associated with completing screens at physician offices.

Physician name _____ Physician Signature _____

Completed forms may be 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