

Preventive Service Form: Men

Name _____ Date of Birth _____ MACI Associate ID # _____

- MACI Associate
 MACI Spouse

As part of the *It's Your Life* Health Management Program through Michigan Automotive Compressor, Inc., participants need to show documentation of completion of recommended preventive screenings*. Please assist us in our efforts by completing the following form, indicating the last date of service for each group of preventive services recommended for the participant's age. **Deadline for receipt is October 31, 2017.**

Age 18-49	Frequency	Satisfied if Completed After this Date	Date of Service & Initials
Preventive Office Visit (Physical)	Every 2 years	Jan. 1, 2015	
Age 50-64			
Preventive Office Visit (Physical)	Every 2 years	Jan. 1, 2015	
Colon Cancer Screening			
• Colonoscopy OR	Every 10 years	Jan. 1, 2007	
• Sigmoidoscopy OR	Every 5 years	Jan. 1, 2012	
• Fecal Occult Blood Test	Every year	Jan. 1, 2016	
Age 65+			
Preventive Office Visit (Physical)	Every 2 years	Jan. 1, 2015	
Colon Cancer Screening			
• Colonoscopy OR	Every 10 years	Jan. 1, 2007	
• Sigmoidoscopy OR	Every 5 years	Jan. 1, 2012	
• Fecal Occult Blood Test	Every year	Jan. 1, 2016	
Pneumonia Vaccine	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:
 Prevention and Community Health
 One Jackson Square, 9th floor
 Jackson, MI 49201
 Phone: (517) 205-7495 Fax: (517) 205-5941