eHealthScreenings
A Premise Health® company

ACU
ABILENE CHRISTIAN UNIVERSITY

Annual Physical Form (2020)

Your patient or their spouse may be eligible for a 2020 Wellness Credit through their employer's wellness program if your patient completes an annual physical. Please fill out the following form confirming the patient has had an annual physical/wellness check.

SECTION A: PATIENT INFORMATION (To be completed by patient)

Name (print clearly):____

Date of Birth: ______/_____/______ Gender (circle one): M / F Employee / Spouse

I, ______________________________ (print name), agree that the information provided below from my medical provider may be disclosed to COMPANY NAME. I understand that my medical provider will not disclose any specific medical data but will provide a waiver for the indicated requirement.

Patient Signature:____________________________________ Date:______/_____/______

SECTION B: VERIFICATION OF MEDICAL EXCLUSION (To be completed by medical provider)

I ATTEST THAT THE PATIENT LISTED ABOVE HAS COMPLETED THEIR ANNUAL PHYSICAL FOR THE YEAR 2020.

*NOTE: Please do not provide any specific biometric data.

☐ **Annual Physical**

SECTION C: PROVIDER INFORMATION (To be completed by medical provider)

Today's Date: ______/_____/______ Phone Number: (________)________________________________

Provider Name (print clearly): ____

Provider Signature: ____

Provider Address: __________________________________ City:__________________ State: ______

PLEASE EMAIL OR FAX THIS COMPLETED FORM TO:

eHealthScreenings, LLC
Attn: Physician Screening Department
email – ehs.physicianscreening@ehealthscreenings.com
Fax: 210.767.2245

Please contact eHealthScreenings at 888.708.8807 with any questions. Thank you!

Annual Physical forms for the 2020 health screening MUST be received NO LATER THAN OCT. 1, 2020.

The annual physical applies only to one wellness program year.