



**Physician Affidavit Form – Mohawk Industries
97560919**

Purpose: Document medical reason why it is inadvisable for participant to meet requirements to qualify for incentive tied to laboratory or biometric measure outcomes from Blueprint for Wellness screening. Physicians must complete this form and indicate the measure(s) for which the participant is medically excused from achieving in-range results.

NOTE: Please do not use this form to report laboratory or biometric results.

Step 1: Participant Completes and Signs			
Name (Last, First, Middle Initial)		Email Address	
EE ID # (Spouse use EE ID # +S)	Date of Birth (MM/DD/YYYY)	Phone	
Participant Signature			Date
By signing this form, you verify the information you have supplied is true and complete. You acknowledge that you are requesting your physician to report laboratory and biometric results to Quest Diagnostics for your Blueprint for Wellness screening.			

Step 2: Physician Identifies Measures Participant is Excused From (check all that apply)		
Measurement/Activity	Target Range	Medically Unreasonable to Comply?
Blood Pressure	Systolic: less than or equal to 120 Diastolic: less than or equal to 80	[] YES <i>receive passing credit</i>
BMI	Less than or equal to 30	[] YES <i>receive passing credit</i>
Total Cholesterol	Less than or equal to 200	[] YES <i>receive passing credit</i>
A1C	Less than or equal to 6	[] YES <i>receive passing credit</i>

A1C is a required measurement for biometric screening as of 1-1-18.

Step 3: Physician Signs and Submits		
Physician's Signature		Date
Physician's Name (please print)	UPIN/NPI	Phone Number

**Fax this Form to Quest
Diagnostics Fax number:
1-248-773-3760**