



Wellness Exam Certificate Form

Meet with your primary care physician for a health evaluation/physical that includes discussion of lifestyle management and wellness. Bring the Wellness Exam Certificate for you and your physician to complete. You fill out the top portion of the form, and your physician will fill out the bottom portion of the form after your exam. It is then your responsibility to submit the completed form to Asset Health via email, fax or post mail as indicated on the form.

Employees **MUST** return completed form directly to Asset Health via:

- Email: Support@assethealth.com
- or Fax: 248-816-3326
- or Mail: Asset Health, Inc. ATTN: Physician Forms 2250 Butterfield Drive, Suite 100 Troy, MI 48084

DO NOT RETURN THE FORM TO MH HUMAN RESOURCES!

1. Section to be completed by Employee

This notice certifies that I have seen my primary care provider for a wellness exam that included discussion of lifestyle management choices and wellness.

Employee Name: _____ Employee ID Number: _____

Signature: _____ Phone Number: _____

Primary Care Provider Name: _____ Phone Number: _____

2. Section to be completed by Employee's Primary Care Provider

My signature below certifies that the above named employee met with me on the date listed for his/her annual health evaluation. That session included discussion of lifestyle management choices and wellness.

Date of Evaluation: _____

Primary Care Provider Signature: _____ Date: _____

Biometric Screening Physician Form

VOLUNTARY to earn 1 **Get Checked Credit. Biometric Screenings are not necessary for a reduction in monthly premiums.**

Employees may visit their Primary Care Provider to obtain Biometric Testing, or check with their insurance for other options. To earn 1 **Get Checked** credit, please have the provider complete this form and return it directly to Asset Health:

- **Email:** Support@assethealth.com
- **or Fax:** 248-816-3326
- **or Mail:** Asset Health, Inc. ATTN: Physician Forms 2250 Butterfield Drive, Suite 100 Troy, MI 48084

DO NOT RETURN THE FORM TO MH HUMAN RESOURCES!

Employee Name: _____ Employee ID Number: _____

Do you use tobacco? Yes No

Are you fasting (12 hours)? Yes No

TEST	RESULTS
Height	ft. in.
Weight	lbs.
Blood Pressure	mmHG
Total Cholesterol	mg/dl
HDL	mg/dl
LDL	mg/dl
Triglycerides	mg/dl
Glucose	mg/dl

If you choose to complete both the Wellness Exam Form and Biometric Screening Form, please send them together. Please retain a copy for your records.

Questions? Contact Asset Health: 855-444-1255 or support@assethealth.com