



Pregnancy Waiver Form

Instructions on how and when to use this form

1. You do not need to get a health screening while pregnant, but are required to have your physician complete the Pregnancy Waiver Form (next page) to receive the full credit amount if completed and faxed before **May 31, 2016**.
2. You need to complete Step 1 on the Pregnancy Waiver Form below.
3. Your physician will need to complete Step 2 and 3 on the form and fax it to BiolQ at **1-800-615-2913** by **May 31, 2016**. It is your responsibility to ensure this form is sent.

Any waiver forms received after the May 31, 2016 deadline will not be processed and you will not receive credits for the program for FY17.



Pregnancy Waiver Form

Purpose: Attest that the member is pregnant and exempt from the Choose Wellness for Life screening program. Physicians must complete this form and indicate the measure(s) for which the participant is medically excused from achieving in-range results.

You are responsible for ensuring your doctor returned this form by the May 31, 2016 deadline. This form will not be processed if received after May 31, 2016.

Step 1: Wellness Participant Completes and Signs		
Name (Last, First, Middle Initial)		Email Address
Employee ID#. Non-employees use your spouse/domestic partners employee ID followed by an 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 you are pregnant and exempt from completing laboratory and biometric testing by Quest Diagnostics for your Blueprint for Wellness screening.		

Step 2: Physician Identifies Measures Participant is Excused From (check all that apply)		
Measurement	Target Range	Medically Unreasonable to Comply?
Nicotine/Tobacco Status - Examples of tobacco include: cigarettes, cigars, chewing, pipe, etc.	Tobacco/Nicotine Free	<input type="checkbox"/> YES <i>receive passing credit</i>

Step 3: Physician Identifies Participant is Excused From All Measures		
Measurement	Target Range	Medically Unreasonable to Comply?
BMI	≤30	<input checked="" type="checkbox"/> YES <i>receive passing credit</i>
Blood Pressure	≤130/90	<input checked="" type="checkbox"/> YES <i>receive passing credit</i>
Glucose (mg/dl)	≤100	<input checked="" type="checkbox"/> YES <i>receive passing credit</i>
Triglycerides (mg/dl)	≤150	<input checked="" type="checkbox"/> YES <i>receive passing credit</i>

Step 3: Physician Signs and Submits		
Physician Office – All Information Listed Below Must Be Complete to Process		
Physician's Signature		Date
Physician's Name (please print)	UPIN/NPI	Phone Number

Fax this Form to BiolQ at 1- 800-615-2913