



**Physician Waiver Form**  
**Instructions on how and when to use this form**

1. You need to have a medical condition that prohibits you from meeting one or more of the target ranges.
2. You must have already taken the biometric screenings either through a Quest lab, Onsite or through your physician (using the physician results form) between January 1, 2016 and May 31, 2016.
3. You need to complete Step 1 on the form.
4. Your physician must complete Step 2 and 3 on the form and fax it to BioIQ at 1-800-615-2913 by **May 31, 2016**. It is your responsibility to ensure your physician has done this by **May 31, 2016**.

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



Physician Waiver Form - Choose Wellness for Life Screenings

**Purpose:** Document that participants, due to a medical condition, are unable to meet requirements to qualify for incentives tied to laboratory or biometric measure outcomes from Intuit’s Choose Wellness for Life screening. 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 deadline. This form will not be processed if received after May 31, 2016.

**NOTE: Do not use this form to report laboratory or biometric results.**

| 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         |
| Wellness 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 acknowledge you have a medical reason why it is inadvisable for your laboratory and biometric results provided previously to Quest Diagnostics for your Blueprint for Wellness screening to be within the target range. |                            |               |

| Step 2: Physician Identifies Measures Participant is Excused From (check all that apply) |              |  |
|--|--------------|--|
| Measurement  | Target Range | Medically Unreasonable to Comply?                          |
| BMI  | ≤30          | <input type="checkbox"/> YES <i>receive passing credit</i> |
| Blood Pressure   | ≤130/90      | <input type="checkbox"/> YES <i>receive passing credit</i> |
| Glucose (mg/dl)  | ≤100         | <input type="checkbox"/> YES <i>receive passing credit</i> |
| Triglycerides (mg/dl)  | ≤150         | <input 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 BioIQ at 1-800-615-2913**