



HENRY FORD  
ALLEGIANCE HEALTH



## Physician Results Form

### MACI

Print Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

MACI Associate # \_\_\_\_\_

- MACI Associate  
 MACI Spouse

MACI is offering the *It's Your Life* Health Management Program to associates and spouses. Those who wish to complete the health screen at their physician's office may submit this form to fulfill their health screen requirements. Completed forms can be placed in the *It's Your Life* drop box in MACI's Corporate Services or faxed to the number at the bottom of the page. Please keep a copy for yourself. **Deadline to submit this form is December 11, 2020.**

Lab values (cholesterol, triglycerides and glucose), height, weight and blood pressure measurements must be completed **January 1, 2019** or later to qualify.

***Please have your physician's office indicate the value and date of service below.***

	Result	Date of Service must be January 1, 2019 or later
<b>Blood Pressure</b>		
Systolic		
Diastolic		
<b>Height and Weight (without shoes)</b>		
Height		
Weight		
<b>FASTING Labs</b>		
Total Cholesterol		
HDL Cholesterol		
LDL Cholesterol		
Triglycerides		
Glucose		

*\*Your physician's office may require you to sign a waiver releasing information to Henry Ford Allegiance Health Department of Prevention and Community Health. All personal health information provided will remain confidential and secure. Also, employees/spouses are responsible for any co-pays, etc. associated with completing screens at physician offices.*

Physician name \_\_\_\_\_ Physician Signature \_\_\_\_\_

Completed forms may be returned by fax or mail to: **Henry Ford Allegiance Prevention and Community Health**  
**One Jackson Square, 9<sup>th</sup> floor**  
**Jackson, MI 49201**  
**Phone: (517) 205-7495, Fax: (517) 205-5941**