



# PRIMARY CARE PHYSICIAN BIOMETRIC & EXEMPTION FORM

PLEASE FILL IN THE RESULTS OF YOUR PATIENT'S SCREENING BELOW. **IF EXEMPTION IS INDICATED, PLEASE CHECK BOX(ES) AS WELL.**

PARTICIPANT: COMPLETE THIS SECTION						
Date of Birth		Last Name		First Name		MI
Address			City	State	Zip Code	
Phone Number			<input type="checkbox"/> Male <input type="checkbox"/> Female			
I grant permission for my primary care physician to share the results of the tests outlined on this letter to the AultCare Health and Wellness Team. I understand my personal information will not be shared with my employer.						
Participant Signature				Date		
PHYSICIAN OR OFFICE STAFF: COMPLETE THIS SECTION						
AultCare has partnered with your patient's employer, MAC Trailer Enterprises, Inc., to implement the company's 2025 biometric screenings. MAC Trailer Enterprises, Inc. employees have the option to have their biometric screening completed onsite at MAC Trailer Enterprises, Inc. or by their primary care physician. If your patient has decided to have you perform the screening for them, please fill in their biometrics and applicable exemptions below. Biometrics obtained by on-site MAC Wellness Team will require exemptions if applicable as well.						
<input type="checkbox"/> Biometrics completed by PCP office - mark exemptions below as applicable.						
<input type="checkbox"/> Biometrics completed on-site by MAC Wellness Team (see attached) - mark exemptions below as applicable.						
** Please note - by checking exemption box(es) below, the physician is confirming that the patient is unable to achieve the indicated standard incentive program requirements and that the patient is working with the physician to improve these outcomes.**						
Height	BMI	<input type="checkbox"/> Exempt from BMI < or = 29 or body fat % within recommended range age/gender				
Weight	Blood Pressure	<input type="checkbox"/> Exempt from BP < or = 130/85				
Total Cholesterol	Fasting Glucose	<input type="checkbox"/> Exempt from glucose < or = 100				
HDL	LDL Cholesterol	<input type="checkbox"/> Exempt from LDL < or = 130				
Triglycerides	<input type="checkbox"/> Non-Tobacco User <input type="checkbox"/> Exempt, working on cessation					
Practice Name				Phone Number		
Physician Name						
Physician Signature				Date		

In addition to meeting with your doctor, you must meet with a wellness team member for incentive credit. To schedule a meeting, visit [aultcare.com/mactrailer](http://aultcare.com/mactrailer) or call 330-829-1606. The deadline to meet with a wellness team member is Oct. 31, 2025.

Return this completed form to the Health and Wellness Center, mail or fax to: AultCare Health and Wellness | Attn: Edda Huntsman  
2600 Sixth St. SW, Canton, OH 44710 | Fax: 330-363-2241

\*\*Please consider this visit as part of the participant's routine physical benefit covered by their group health insurance plan. The patient has 100% coverage at a network provider for these tests and a physical if they are deemed preventive. You may contact AultCare at 330-363-6360 or 1-800-344-8858 to confirm benefits for your patient.\*\*