



# PRIMARY CARE PHYSICIAN BIOMETRIC FORM

PLEASE FILL IN THE RESULTS OF YOUR PATIENT'S SCREENING BELOW. IF APPLICABLE, PLEASE COMPLETE THE MEDICAL EXEMPTION FORM ON THE REVERSE SIDE OF THIS FORM AS WELL.

EMPLOYEE OR 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 2024 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 consider the visit as part of their 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.		
<input type="checkbox"/> Non-Tobacco User		
Height	Blood Pressure	HDL Cholesterol
Weight	Fasting Glucose	LDL Cholesterol
BMI	Triglycerides	Total Cholesterol
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). The deadline to meet with a wellness team member is Oct. 31, 2024.

**Return this completed form to the Health and Wellness Center, mail or fax to:**

AultCare Health and Wellness  
2600 6th St. SW Canton OH 44710  
Fax: 330-363-2241  
Attn: Edda Huntsman



# MEDICAL EXEMPTION FORM TO WELLNESS PROGRAM REQUIREMENTS

All fields, dates and signatures required.

MAC Trailer's wellness program may have requirements that are difficult or inadvisable for some participants to achieve. In these cases, an alternative to these requirements is available. Meeting the alternative offers the same result as completing the standard program requirements.

EMPLOYEE OR 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 AultCare Health and Wellness. I understand my personal information will not be shared with my employer.				
Participant Signature _____			Date _____	

PHYSICIAN OR OFFICE STAFF COMPLETE THIS SECTION	
By signing below, I confirm my patient is unable to achieve the indicated (please check below) standard program requirements. I am working with my patient to assist them in improving their standard program requirement outcomes.	
<b>Standard Program Requirements:</b> <input type="checkbox"/> Non-Tobacco User <input type="checkbox"/> BMI $\leq$ 29 <input type="checkbox"/> Blood Pressure $\leq$ 130/85 <input type="checkbox"/> Fasting Glucose $\leq$ 100 <input type="checkbox"/> LDL Cholesterol $\leq$ 130	<b>Alternative Requirements:</b> Have Primary Care Physician complete form below.
Practice Name _____	Phone Number _____
Physician Name _____	
Physician Signature _____	Date _____

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2600 Sixth St. SW Canton, OH 44710  
Attn: Edda Huntsman  
Fax: 330-363-2241