



Physician Wellness Screening Results Form

Dear Participant,

Foster Farms is working with Navigate to help you learn about your current health AND give you a way to save on what you pay for medical insurance in 2022. As an employee or covered spouse of Foster Farms, you have the opportunity to participate in your company's Wellness Program administered by Navigate. Participation is easy!

Important: Please complete the following steps to ensure your results are received by 10/31/2021.

1. Make an annual preventive exam appointment with your Primary Care Physician to ensure there is enough time for you to be seen and your lab work processed and returned prior to program deadline. Our health plans cover one preventive wellness visit a year at 100%, with no out-of-pocket cost to you. Remind your provider that the screening should be coded as a "preventive care" visit. Make sure the provider you see is in your benefit plan network or you may incur an expense. Please note: a second health screening performed in the same calendar year will not be covered at 100 percent.

*If you have had an annual preventive exam between **November 1, 2020 – October 31, 2021**, your results may be used to fulfill the requirement. Please have your healthcare provider fill out the enclosed Physician Form and return to Navigate.*

2. Complete the "Participant Information" section of the enclosed Physician Form prior to your health screening and sign and date the form. The remainder of the form is for the provider to fill out.
3. Remember to fast 10 to 12 hours prior to your appointment. Nothing to eat or drink except water. Take medication as prescribed, and if you are unable to fast due to a medical condition, please follow your doctor's orders.
4. Take the enclosed Physician Form to your appointment. Ask your physician to fill out the "Biometric Screening Results" section of the form with your physical results. This information is time sensitive and must be complete, signed by your physician and upload **by 10/31/2021**. Physician signature must be present to process results. An incomplete form may result in nonparticipation status.
5. It is your responsibility to upload your Physician Form to www.FosterFarmsWellness.com.
 - a. To upload the completed form: Scan it to create a digital copy or take a picture on your smartphone, then return to the portal and select Complete Form from the menu next to Annual Preventative Exam.
 - i. Upload your completed form in the space provided. Your status will change to "Pending" after the form has been uploaded.
 - ii. Once your form has been reviewed, your status will update to "Complete" and your biometric results will be available for review.
6. Results are typically available within 10 business days. Knowing your numbers and areas of risk is an important part of enhancing your health and wellbeing! Remember to log back in to your Navigate account to view your information.

Physician Form

Participant Information (Completed by patient - please print)

LAST NAME: _____ MIDDLE INITIAL: _____

FIRST NAME: _____ SEX: Male Female Other
 Prefer not to answer

PHONE NUMBER: - - BIRTH DATE: / /

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMPLOYER NAME: _____

EMAIL: _____

PARTICIPANT'S SIGNATURE (REQUIRED): _____ DATE: _____

PARTICIPANT'S NAME (PLEASE PRINT): _____

After review of the patient results, I acknowledge that this Annual Physical is current. Please accept the previous exam's results indicated below as completion of this form.

Biometric Screening Results (Completed by physician) EXAMINATION DATE: / /

HEIGHT: _____ FT. _____ IN.	BLOOD PRESSURE mmHg: _____ / _____		
WEIGHT (LBS): _____	BODY FAT %: _____	TOTAL CHOLESTEROL: _____	
WAIST CIRCUMFERENCE (INCHES): _____	A1C: _____	TRIGLYCERIDES: _____	LDL: _____
	N/A		
BMI: _____	COTININE: _____	HDL: _____	FASTING GLUCOSE: _____
	N/A		

PHYSICIAN'S SIGNATURE (REQUIRED): _____ DATE: _____

PHYSICIAN'S NAME (PLEASE PRINT): _____

