



Andrews University

Health Engagement \_\_\_\_\_

(Patient's Name)

(date of physical)

their annual preventative exam.

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Name of attending Physician

Telephone Number

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Signature of attending Physician

Date

Submit completed forms to Benefits via:  
email at [benefits@andrews.edu](mailto:benefits@andrews.edu)

459.5t1B6

Fax: 269

W: Andrews.edu/hr

Seek