



**Physician Affidavit Form – Neiman Marcus  
Company # 97560857**

**Purpose:** Document medical reason why it is inadvisable for participant to meet requirements to qualify for incentive tied to biometric measure outcomes from Blueprint for Wellness screening. Physicians must complete this form and indicate the reason for which the participant is medically excused from achieving in-range results.

<b>Step 1: Participant Completes and Signs</b>			
Name (Last, First, Middle Initial)		Email Address	
Unique ID (Employee ID)	Date of Birth (MM/DD/YYYY)	Phone	
Participant Signature			Date
By signing this form, you verify the information you have supplied is true and complete. You acknowledge that you are requesting your physician to report laboratory and biometric results to Quest Diagnostics for your Blueprint for Wellness screening.			

<b>Step 2: Physician Identifies Measure Participant is Excused From</b>		
Measurement	Target Range	Medically Unreasonable to Comply?
Waist Circumference (inches)	≤ 40 (Male) ≤ 35 (Female)	[   ] YES <i>receive passing credit</i>
Provide medical reason below:		

<b>Step 3: Physician Signs and Submits</b>		
<b>Physician Office – All Information Listed Below Must Be Complete to Process</b>		
Physician's Signature		Date
Physician's Name (please print)	UPIN/NPI	Phone Number

**Fax this Form to Quest Diagnostics  
Fax number: 877-573-5047**