

## Physician Affidavit Form – Neiman Marcus 2025 #97560857

**Purpose:** Document medical reason why it is inadvisable for participant to meet requirements to qualify for incentive tied to biometric measure outcomes from the Health & Wellness screening. Physicians must complete this form and indicate the measure(s) for which the participant is medically excused from achieving in-range results. The Neiman Marcus wellness program consists of a Waist circumference measure. If participants are outside of the target range then they will not qualify for the incentive. This form can be used to waive participants due to pregnancy.

**NOTE: Please do not use this form to report laboratory or biometric results.**

Step 1: Participant Completes and Signs			
Name (Last, First, Middle Initial)		Email Address	
Employee ID or Employee ID+S for Spouse/DP	Participants 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 biometric results to Quest Diagnostics for your Health & Wellness screening.			

Step 2: Physician Identifies Measures Participant is Excused From (check the BOX)		
Measurement	Target Range	Medically Unreasonable to Comply?
Waist Circumference (inches)	Less than or equal to 35 (Female) Less than or equal to 40 (Male)	<input type="checkbox"/> YES <i>receive passing credit</i>
		<input type="checkbox"/> YES <i>receive passing credit</i>
		<input type="checkbox"/> YES <i>receive passing credit</i>
		<input type="checkbox"/> YES <i>receive passing credit</i>
		<input type="checkbox"/> YES <i>receive passing credit</i>

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

**Fax this Form to Quest Diagnostics  
Fax number: 1-877-567-1408**