

## Health Screening Waiver Form

Completed form must be faxed to **855-204-7153**

Wellness Program Information	
Account <b>Lowe's Companies Inc.</b>	QLS Number (provided by Quest) <b>97562001</b>

Wellness Participant Completes		
Participant Name (Last, First, Middle Initial) (Required)		Email Address
Unique ID (Required) <i>(Employee=Sales ID; Spouse/Domestic Partner=Emp Sales ID+S)</i>	Date of Birth (MM/DD/YYYY) (Required)	Phone
Address		
City	State	Zip Code
Wellness Participant Signature		Date (MM/DD/YY)

**The information provided on this form will be kept confidential**

Physician Office Completes	
<b>As the patient's treating Physician, I hereby attest that it is medically inadvisable or unreasonably difficult due to a medical condition for the patient noted above to participate in the health screening.</b>	
Physician or Physician Designee's Signature (Required)	Date (Required)
Physician's Name (please print) (Required)	UPIN/NPI (Required)

### Wellness Participant Information:

- The Health Screening Waiver Form option is available to those participants for whom it is medically inadvisable or unreasonably difficult to participate in the health screening. By submitting this form, you are requesting your doctor or healthcare provider to waive you from the health screening requirement and report this waiver to Quest Diagnostics.
- You are responsible for ensuring that your doctor or healthcare provider returns this form with all required fields completed by the deadline. Your waiver will not be processed if your form is received after **September 1, 2015**.
- For an individual participant, only one health screening waiver form can be submitted.

For questions, please contact the Blueprint for Wellness Customer Support Center by email at [wellness@questdiagnostics.com](mailto:wellness@questdiagnostics.com) or by calling 866-908-9440, available Monday through Friday, 7 a.m. until 8:30 p.m. Central, and Saturday, 7:30 a.m. until 4 p.m. Central.