



Exemption Form - Cox Enterprises, Inc.

Purpose: Participants and their physicians must complete this form for the participant to be medically excused from participating in and/or achieving in-range health screening results.

NOTE: Do not use this form to report laboratory or biometric results. Please print legibly.

Step 1: Participant Completes and Signs			
Name (Last, First, Middle Initial)		Email Address	
Unique ID (Your Aetna ID #)	Date of Birth (MM/DD/YYYY)	Phone	
Participant Signature		Cox Employee Name, if Spouse	
By signing this form, I request my physician to certify to Cox Enterprises that I should be excused from one or more of the health screenings listed below because of my medical condition.			

Step 2: Physician Certifies Participant is Excused From Screening	
My patient, listed above, is unable to, or advised not to, complete one or more of the following health screenings: (i) measurement of waist circumference, (ii) blood pressure, or (iii) fasting and blood draw (for HDL Cholesterol, Glucose, Triglycerides).	[] YES
	[] NO

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

Return this form to Cox Enterprises.

Fax: 678-645-9589

Email: wellness@coxinc.com