

# REASONABLE ALTERNATIVE STANDARD FORM – ROVER PETROLEUM

The Rover Petroleum wellness program allows employees to earn a wellness reward for achieving certain standards on the health measurements below, based on health screening results. If it is medically inadvisable for you to meet the targets outlined below due to a medical condition, you can submit this form to request an exception and have your wellness goals updated. Please have your physician complete the bottom portion of this form, and then scan and upload your completed form to <https://roverpetro.uswellness.com> or fax to **240-477-1534** on or before **11/30/2020**. Receipt will be provided within two business days to the email provided below (please print clearly and allow emails from uswellness.com domain). NOTE: It is highly recommended that you manage the fax delivery of your form. Please don't assume the doctors' office will do it. Please look for your confirmation email as proof of receipt.

## STEP 1: To be completed by employee

First Name	Last Name	
Street Address		
City	State	Zip
Date of Birth: <span style="display: inline-block; width: 20px; height: 20px; border: 1px solid black;"></span> <span style="display: inline-block; width: 20px; height: 20px; border: 1px solid black;"></span> <span style="display: inline-block; width: 20px; height: 20px; border: 1px solid black;"></span>		Gender: <span style="display: inline-block; width: 20px; height: 20px; border: 1px solid black;"></span> <span style="display: inline-block; width: 20px; height: 20px; border: 1px solid black;"></span>
(Month)	(Date)	(Year)
Phone Number: ( <span style="display: inline-block; width: 20px; height: 20px; border: 1px solid black;"></span> <span style="display: inline-block; width: 20px; height: 20px; border: 1px solid black;"></span> ) <span style="display: inline-block; width: 20px; height: 20px; border: 1px solid black;"></span> <span style="display: inline-block; width: 20px; height: 20px; border: 1px solid black;"></span> <span style="display: inline-block; width: 20px; height: 20px; border: 1px solid black;"></span>		
E-mail address (to receive e-mail verification that form was received by US Wellness)		

**STEP 2: CERTIFICATION OF TOBACCO USE:** Tobacco use includes habitual use of chewing tobacco, cigarettes, cigars, pipes, E- cigarettes or E-cigars (electronic cigarettes and cigars) within the past 90 days. Please mark the appropriate box.

<input type="checkbox"/>	<input type="checkbox"/>
<b>Yes, I have used tobacco products in the past 90 days</b>	<b>No, I have not used tobacco products in the past 90 days</b>

## STEP 3: To be completed by employee

I hereby authorize that individually identifiable health information supplied on this form may be released to and maintained by US Wellness for uses and disclosures permitted of covered entities under the federal HIPAA Privacy Rule and GINA. I hereby authorize that US Wellness may contact me about health and wellness matters related to this screening program.

**X** \_\_\_\_\_ Date  
Employee/Spouse/Domestic Partner Signature (SIGNATURE REQUIRED)

## STEP 4: To be completed by physician office ONLY

The Rover Petroleum Wellness Program provides an opportunity for employees to earn a wellness discount for achieving certain health outcomes based on health screening results. The purposes of the health goals is to promote health and prevent disease. Your patient is requesting you to waive them from having to meet one or more of these defined goals based on your professional judgment. **Please note which goals should be waived or modified for this patient in the right column below.**

Healthy Outcome Goals		Waiver Selection
Total cholesterol/HDL ratio	≤ 5.0	<input type="checkbox"/> Goal waived by physician
Glucose	≤ 126 Fasting ≤ 199 Non-Fasting	<input type="checkbox"/> Goal waived by physician
Blood Pressure	≤ 140/90 mmHg	<input type="checkbox"/> Goal waived by physician
BMI -OR- Waist Circumference	≤ 30 -OR- ≤ 40 inches men; ≤ 35 inches women	<input type="checkbox"/> Goal waived by physician

\_\_\_\_\_  
Physician Name                      Physician Signature                      Date                      Phone Number

## STEP 4: To be completed by employee or spouse/domestic partner

Scan and upload your completed form to <https://roverpetro.uswellness.com> or fax it to **240-477-1534** on or before **November 30, 2020**. Email confirmation will be sent to email address provided above within two business days.