

Andrews University

Health Engagement

2024-2025 Annual Physical Form

Name of Employee: _____

Employee ID number: _____

Name of Spouse (if applicable): _____

_____ was seen on _____ for
(Patient's Name) (date of physical)

their annual preventative exam.

Name of attending Physician Telephone Number

Signature of attending Physician Date

Submit completed forms to Benefits via:

- email at benefits@andrews.edu
- fax 269-471-6293 fax
- in person, 2nd floor of administration building, office 213A

4150 Administration Dr.
Berrien Springs MI 49104-0840
Office: 269-471-3327
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