Physical Examination Offer

Sub grantee: ________

Physical examinations are not required for participation in the SCSEP Program. They are, however, a benefit of the program. Funding is available to pay for one physical exam per year for each participant. SCSEP will reimburse up to $75.00 for such an exam, if received within ____ days of the offer.

Once each year, you will be given the opportunity to obtain this physical exam as a way to encourage you to obtain regular examinations.

Results of the exam are confidential and you do not have to provide SCSEP with the results if you decide to take advantage of this offer.

Please indicate below whether you would like to receive a physical examination.

__________ I would like to receive a physical examination. I will contact my physician, schedule an appointment, and provide them with this attached form. I understand that in order for SCSEP to reimburse for the exam, the invoice must be received within ____ days of my enrollment date.

__________ I choose not to use the physical examination benefit.

____________________________________
Participant’s Printed Name

____________________________________     ___________________
Participant’s Signature     Date