

Auburn University Healthy Tigers- Provider Screening Form

Instructions: If you can not or choose not to participate in the Healthy Tigers screenings through the AUPCC, you may submit your health screening results through your physician. You are to complete **Section 1** of the form and your provider is to complete **Section 2**.

Certain lab tests associated with the Healthy Tigers Program when performed by your physician may only be covered once every 5 years by AUBCBS and you may be responsible for additional lab costs.

NAME (PLEASE PRINT): Joycelyn Bozeman SUBSCRIBER BANNER NUMBER: 902002730

AGE: 56 DATE OF BIRTH: 7-24-1969 SEX: (CHECK ONE): ☐ MALE ☒ FEMALE

SUBSCRIBER NAME (AS APPEARS ON AU BCBS INSURANCE CARD): Joycelyn R Bozeman

AU BCBS CONTRACT NUMBER: QAU822631310 GROUP NUMBER: 37655

DAYTIME OR CAMPUS PHONE NUMBER: (334)318-9775 E-MAIL ADDRESS: jboflowers@outlook.com

What best describes your race/ethnicity?

- ☐ White ☒ Black/African American ☐ Asian ☐ Indian or Alaska Native
☐ Hispanic/Latino ☐ Native Hawaiian/Pacific Islander ☐ Other

Do you ~~HAVE~~ (or have you been told you had) any of the following? (Mark all that apply.)

- ☒ High Cholesterol ☒ High Blood Pressure or Hypertension ☒ Diabetes

Do you take MEDICATION for any of the following? (Mark all that apply.) Optional: Please provide a list of all of your medications on the back of this form (including prescription, over the counter, vitamins, and minerals)

- ☒ High Cholesterol ☒ High Blood Pressure or Hypertension ☒ Diabetes

SECTION 2 (To Be Completed by Healthcare Provider)

REQUIRED DATA

Blood Pressure 139 / 67 mmHg

Height 5 ft 3 in

Total Cholesterol 105 mg/dL

Weight 145.8 pounds

Blood Glucose 97

BMI 25.82

Alarm values: Total Cholesterol ≥ 250

Blood glucose ≥ 200

Blood pressure - Systolic ≥ 160 mm Hg

Diastolic ≥ 100 mm Hg

BMI ≥ 35

OPTIONAL DATA

HDL Cholesterol 62 mg/dL

TC/HDL Ratio 1.3

The above mentioned member has been evaluated in my office and counseled regarding his/her risk factors. In particular, I have noted any values that were above alarm values and responded as clinically indicated.

DATE TESTS PERFORMED BY PHYSICIAN (THIS DATE IS REQUIRED) 11/19/2025

Healthcare Provider's Name: (Please Print) Hayley Guthrie, CNP

Healthcare Provider Signature: [Signature]

Healthcare Provider Address / Phone: 7901 East Dr. Swift 112 Montgomery, AL 36117
(334)244-3281

Please return completed form to:
AUBURN UNIVERSITY PHARMACEUTICAL CARE CENTER (AUPCC)
Attention: Healthy Tigers Program
2155 Walker Building, HSOP, 362 West Thach Avenue
Auburn University, Alabama 36849-5506
PHONE: (334) 844-4099 FAX: (334) 844-4019 E-MAIL: healthytigers@auburn.edu

- submitted by fax
11/20/25 CCB31