



Golub Corporation
Human Resources Department
501 Duanesburg Road
Schenectady, NY 12306

Verification of Routine Physical / Preventive Care Form

You are only required to complete this form if you wish to receive the \$100 paycheck credit for completing the MVP Personal Health Assessment (PHA) and you did not have a routine physical while enrolled in our MVP plan during the past two years. Deadline is April 16, 2010. Participation is voluntary.

Please fax completed form to: 518-379-3348 OR mail it to the Human Resources Department, MB 26, 501 Duanesburg Road, Schenectady, NY 12306

Associate Name: _____

Clock# _____

Date of last routine physical: ____/____/____

Physician's Name: _____

Physician's Address:

Physician's Signature: _____ Date: __/__/__

Signature of the Associate: _____ Date: __/__/__