



NORTH CAROLINA
Senior Community Service Employment Program

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

OCT 2014