



2016 Wellness Incentive Program Monthly Personal Tracking Form

Track all your wellness related activities on ONE form. From recording your PHA (Personal Health Assessment) and other preventative health opportunities, to your 1 for 1 activities. Turn your forms into your Division Head or to Kristi Smeaton at City Hall. Kristi will compile your scores on a monthly basis. Forms are due by the 1st Wednesday of the following month.

Please DO NOT email your forms to Kristi.

MONTH _____ NAME _____

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Wellness Points 2016

Preventative (PRE)

PHA-25 pts. max/year
 Physical—25 pts. max/year
 Other Preventative Exams—5 pts. each/no max

- Dental Exam
- Eye Exam
- Mammography
- Colonoscopy
- Immunizations
- Other Like Exams

Wellness Education (WE)- 1pt./session no max

Ex: lunch & learn, huddles, one-on-one coaching, CPR training, weight watchers, tobacco cessation, other like activities/programs

Give Back (GB)- 1 pt./hr.

Community Service/Volunteering

Physical Activity (PA)-1pt. per hour of activity with a cap of 30 pts./month

Share Your Story (SYS)-5 pts.

Share your success story, your health journey, your giveback activities, your group participation in healthy activity. Please feel free to share your video/picture for posting on city website.

PRE _____ WE _____ GB _____ PA _____ SYS _____

Monthly Total _____