STSIG Wellness Incentive Tracker for activities from November 1, 2018 to October 31, 2019

Employee Name _____ (Please Print Clearly) ____Employee Incentive form _____ Spouse Incentive form

Spouse Name _____ Spouse must use a separate form for their incentive activities

District _____ *(Do not attached documents with personal health information on it)*

Wellness Exam / BMI

Physician's Name _____

Address _____

_____

Phone _____

_____

Date Exam was completed _____

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* To be eligible for the BMI and BP incentive below, BMI must be 29.9 or less, BP 130/85 or less.

*Body Mass Index within range: **Yes or No**

*Blood Pressure within range: **Yes or No**

Health Care Provider's Signature:

_____

The wellness exam and the BMI/BP count as separate incentives. If you do both at the same visit you earn 2 incentives and only need one more activity.

You may turn this form as you complete incentives listed or you can wait and turn it in when all three incentives are met.

Activity Options

_____ **Flu Shot between Sept. 1 and Oct 31st.**

Health Care Provider's Signature:

_____

_____ Mammogram

Health Care Provider's Signature:

_____

_____ Colonoscopy

Health Care Provider's Signature:

_____

_____ Bone Density Screening

Health Care Provider's Signature:

_____

_____ Annual Vision Screening

Health Care Provider's Signature:

_____

_____ Two Dental Cleanings

Health Care Provider's Signature:

_____

Activity Options Cont.

____ Health Fair: STSIG will record attendance

____ FitThumb 400 points—STSIG will record points

____ Attend an Open Enrollment Meeting

Date:_____ - STSIG will record attendance from sign-in sheets

____ Attend JPA Approved Health Seminar:

Date of Seminar _____

Event Name

_____

Instructor's Signature:

_____

____ Participation in an Approved STSIG or District Health Challenge.

Date of Event _____

Challenge Name _____

District Human Resource's Signature:

_____

Please return this completed form to lgrant@stsig.org or fax to 530-221-6225 by October 31, 2019. If you have any questions call 530-221-6444