

## STSIG Wellness Incentive Tracker for activities from November 1, 2017 to October 31, 2018

Employee Name _____	<b>(Please Print Clearly)</b>	Employee Incentive form _____	Spouse Incentive form _____
Spouse Name _____ Spouse must use a separate form for their incentive activities			
District _____ <i>(Do not attach documents containing personal health information)</i>			
Phone Number _____		email address _____ Anthem ID No. _____	

**Please return this completed form to lgrant@stsig.org or fax to 530-221-6225 by October 31, 2018. If you have any questions call 530-221-6444**

**Requirements: Complete a wellness exam and any two other activities listed, then submit this form by the deadline - October 31, 2018**

Mandatory Wellness Exam
Physician's Name _____
Address _____
Phone _____
Date Exam was completed _____
<b>Health Care Provider's Signature:</b>
_____

Activity Option—BMI and BP
* 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: <b>Yes or No</b>
*Blood Pressure within range: <b>Yes or No</b>
<b>Health Care Provider's Signature:</b>
_____

Activity Options Cont.
_____ Flu Shot between Sept. 1 and Oct 31st.
<b>Health Care Provider's Signature:</b>
_____
_____ Mammogram
<b>Health Care Provider's Signature:</b>
_____
_____ Colonoscopy
<b>Health Care Provider's Signature:</b>
_____
_____ Bone Density Screening
<b>Health Care Provider's Signature:</b>
_____
_____ Annual Vision Screening
<b>Health Care Provider's Signature:</b>
_____
_____ Two Dental Cleanings
<b>Health Care Provider's Signature:</b>
_____

Activity Options Cont.
_____ Health Fair: STSIG will record attendance
_____ FitThumb 400 points—STSIG will record points
_____ Attend an Open Enrollment Meeting
Date of Meeting _____

_____ Attend JPA Approved Health Seminar:
Date of Seminar _____
Event Name _____
<b>Instructor's Signature:</b>
_____

_____ Participation in an Approved STSIG or District Health Challenge.
Date of Event _____
Challenge Name _____
<b>District Human Resource's Signature:</b>
_____