

## STSIG Wellness Incentive Tracker for activities from November 1, 2020 to October 31, 2021

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 \_\_\_\_\_

\*\*\*\*\*

\* 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.**

\_\_\_\_\_ **Covid-19 test, anti-body test, vaccine**

**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 In-person or Virtual Open Enrollment Meeting

Date: \_\_\_\_\_

\_\_\_\_\_ 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, 2021. If you have any questions call 530-221-6444**