

STSIG Wellness Incentive Tracker for activities from November 1, 2016 to October 31, 2017

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.**

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, 2017. If you have any questions call 530-221-6444