

VILLAGE OF SHOREWOOD ANNUAL WELLNESS REPORTING FORM

Form due by October 14, 2019



Prevention and Education	Maximum Points	Points Earned
Preventative Annual Exam (one time per year) by your primary care physician Proof needs to be provided by either a signature, copy of the EOB, receipt, etc. <ul style="list-style-type: none"> • Proof of Appointment: _____. • Date of Exam (MM/DD/YY): _____. 	80	
Complete Online Health Risk Assessment (one time per year) <ul style="list-style-type: none"> • Date Completed (MM/DD/YY): _____. 	50	
Complete Biometric Testing (one time per year) Proof needs to be provided by a signature, receipt, etc. <ul style="list-style-type: none"> • Proof of Appointment: _____. • Date Completed (MM/DD/YY): _____. 	50	
Wellness Session Discussions/Webinars (10 points per session, up to 4 sessions) <ul style="list-style-type: none"> • Must attach one page summary of discussion/webinar • Include title of webinar and date it was viewed 	Max 40	
Dental Exam/Cleaning (one time per year) Proof needs to be provided by a signature, receipt, etc. <ul style="list-style-type: none"> • Proof of Appointment: _____. • Date of Exam (MM/DD/YY): _____. 	50	
Submit Wellness-related article for Employee Newsletter (one time per year) <ul style="list-style-type: none"> • Article Name: _____. • Date Submitted to the Wellness Committee: _____. 	10	
Vision Exam (one time per year) Proof needs to be provided by a signature, receipt, etc. <ul style="list-style-type: none"> • Proof of Appointment: _____. • Date of Exam (MM/DD/YY): _____. 	20	
Flu Shot (or any other medically necessary shot approved by Wellness Committee) Proof needs to be provided by a signature, receipt, etc. <ul style="list-style-type: none"> • Proof of Appointment: _____. • Date (MM/DD/YY): _____. 	20	
Meet with a Deferred Compensation or Financial Representative (one time per year) Proof needs to be provided by a signature, etc. <ul style="list-style-type: none"> • Proof of Appointment: _____. • Date (MM/DD/YY): _____. 	10	
Read a Wellness-related Book (one time per year) <ul style="list-style-type: none"> • Title: _____. • Write and attach a one page summary of the book and what you learned. 	10	
Total Points the Year for Prevention and Education (150 points required):	Max 340	

I certify all the above information is accurate and truthful.

Name: _____ Signature: _____ Date: _____

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Wellness Activities	Maximum Points	Points Earned
<p>Performing Continuous Physical Activity (Includes walking, biking, running, strength training, swimming, aerobics, group fitness; please log activities & include log with wellness reporting form.)</p> <p>Performed 60 minutes for 1 week 4 points</p> <p>Performed 90 minutes for 1 week 6 points</p> <p>Performed 120 minutes for 1 week 8 points</p> <p>Performed 150 minutes for 1 week 10 points</p>	Max 60	
<p>Become a Member of a Gym</p> <ul style="list-style-type: none"> Provide verification of gym membership (20 points) 	20	
<p>Non-Smoker or complete a Smoking Cessation Program</p> <ul style="list-style-type: none"> (40 points) I certify I am a non-smoker: _____ (40 points) Verify participation in a smoking cessation program 	40	
<p>Make a Healthy Lifestyle Choice (5 points each choice, up to 4 times per year)</p> <ul style="list-style-type: none"> List ways the choice helped you become healthier. Write and attach a minimum one-paragraph summary of the choice. 	Max 20	
<p>Participate in Community Service related to Wellness (10 points per event (min. of 2 hours), up to 2 times per year)</p> <ul style="list-style-type: none"> Examples include food drive, volunteer coaching, Big Brother/Sister, etc. Date (MM/DD/YY): _____ . Location: _____ . Activity: _____ . Date (MM/DD/YY): _____ . Location: _____ . Activity: _____ . 	Max 20	
<p>Public Events – Run, Tri, Walk, Bike, 5K (10 points per event, up to 2 times per year)</p> <p>Event Name: _____ Type: _____ Date: _____ .</p> <p>Event Name: _____ Type: _____ Date: _____ .</p>	Max 20	
<p>Wellness Committee Sponsored Event</p> <p>Complete 5 of the Wellness Committee Sponsored Events for 20 points. Attached is the Wellness Committee Event Schedule. Include documentation needed as outlined in the Wellness Committee Event Schedule.</p>	20	
<p>Bring in a Healthy Meal to Work for a Week (5 points per week, 2 times per year)</p> <ul style="list-style-type: none"> Turn in a log of the food you consumed during work throughout the week and why it is classified as a healthy lunch. 	Max 10	
<p>Total Points for Activity (minimum of 100 points required):</p>	Max 210	

I certify all the above information is accurate and truthful.

Name: _____ Signature: _____ Date: _____