



Wellness Program Accountability Log

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|---|--|
| <input type="checkbox"/> 1st Qtr (July 1 - Sept. 30)
<input type="checkbox"/> 2nd Qtr (Oct. 1 - Dec. 31) | <input type="checkbox"/> 3rd Qtr (Jan. 1 - March 31)
<input type="checkbox"/> 4th Qtr (April 1 - June 30) |
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(Please Check All That Apply)

STAFF USE ONLY

CREDIT ACQUIRED: _____

POINTS: _____

INITIAL: _____

Date Submitted: _____	Last Name: _____	First Name: _____	Building: _____
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*DATES are REQUIRED to gain credit for activities.

*Provide a description with submitted activities not outlined in manual.

FORMS ARE DUE JUNE 30, 2017

BEHAVIORAL ACTIVITIES					
Prevention (1 per year unless indicated)	Date (Mo/Day)	Points (Circle Points Earned)	Physical Fitness (25 points MUST come from Physical Activity per Wellness Year)	Date (Mo/Day)	Points (Circle Points Earned)
Annual Physical	/	20	ATTENTION: Describe each activity noted below! Provide last date performed activity.		
Bone Density Screening	/	5	Fitness Assessment with Trainer	/	10
Dental Exam (1/6 mo)	/	5	Organized Exercise Program (8-10 wks)	fr ____/____ to ____/____	10
Dermatology Exam	/	10	Name: _____		
Flu Shot	/	5	Organized Wellness Activity/Organized Fitness Event: _____	/	10
Hearing Screening	/	5	Play an organized sport (8-10 wks)	fr ____/____ to ____/____	5
Oral Cancer Screening	/	5	Name: _____		
Vaccines	/	5	Verified workout (MT&F, Polar heart rate monitor, or personal fitness log):		
Vision Screening	/	5	Average 2x/week/12 weeks: OR		20
Gender & Age Specific:			Average 3x/week/12 weeks: OR		25
Colonoscopy (>50)	/	25	Average 4x/week/12 weeks:		30
Mammogram (female >40)	/	15	Where You're At Physical Activity Program (2x/week/12 weeks)	/	20
Pap Smear (female)	/	15			
Prostate Exam	/	15			
Testicular (male)	/	15			
Nutrition Activity			Healthy Living	Date (Mo/Day)	Points (Circle Points Earned)
3-a-Day Program	/	10	Health Coaching (12 weeks)	/	25
8 Glasses a Day Program	/	10	Other, Please Describe & Attach Supporting Materials:	/	10
Eat Healthy Meals (10 meals/month)	/	10	Quarterly Monitoring Log	/	10
Food Journal	/	25	Breastfeeding (12 weeks)	/	5
Organized Wellness Nutrition Activity: _____	/	10			

COMMUNITY AND LIFE ENRICHMENT ACTIVITIES					
Educational Activity Describe activities noted below!	Date (Mo/Day)	Points (Circle Points Earned)	Community Activity Describe each activity noted below!	Date (Mo/Day)	Points (Circle Points Earned)
Attend Wellness Speaker:	/	5	Attend School or Community Event:	/	5
Monthly Challenge	/	10	Coaching/Refereeing a Sports Team	fr ___/___ to ___/___	5
Pregnancy Class	/	5	Donate Blood	/	10
Safety-Risk Class	/	5	Highway clean up/work day	/	10
Tobacco Cessation Program	fr ___ to ___	25	Volunteer for a <u>recognized</u> charity/event	/	5
Weight Mgmt Program (8week min)	fr ___/___ to ___/___	30	Other special event promoted through Wellness Committee	/	5
Wellness Video	/	5			
Life Enrichment Activity (Maximum 30 points per wellness year) Describe Activity Below					
Activity	Date (Mo/Day)	Points (Circle Points Earned)	Activity	Date (Mo/Day)	Points (Circle Points Earned)
Acupuncture	/	5	Life Enrichment Course:	/	5
Chiropractor	/	5	Massage Therapy	/	5
Continuing Education Course:	/	5	Other (Please Describe):	/	5

Other Events attended

Points

Other Events attended

Points

I accumulated _____ POINTS on this form.

****Remember you need to obtain a total of 100 points for the year****

****25 of your 100 points need to come from physical activity****

Estimate POINTS submitted on this form in the space above to ensure correct calculation of credits for the wellness program.

By signing this form, I verify that the above information is correct. I understand that misreporting of any of my activities will result in withholding of Wellness POINTS and thus effecting possible insurance incentives. I also understand that all activity credit is subject to approval.

Participant Name (Print): _____

Participant Signature: _____

Date: _____

Send your accountability log to Wellness Coordinator at wellness@medford.k12.wi.us or drop in Wellness Coordinator mailbox.