



## Wellness Program Accountability Log

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

**STAFF USE ONLY**

CREDIT ACQUIRED: \_\_\_\_\_

POINTS: \_\_\_\_\_

INITIAL: \_\_\_\_\_

Date Submitted: \_\_\_\_\_ Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Building: \_\_\_\_\_

\*DATES are REQUIRED to gain credit for activities.

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

### FORMS ARE DUE JUNE 30, 2020

#### 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	<b>ATTENTION: Describe each activity noted below! Provide last date performed activity.</b>		
Dental Exam (1/6 mo)	/	5	Monthly Challenge (stretch of the month, etc)		5
Vision Screening	/	5	Organized Wellness Activity/Organized Fitness Event, Run/Walk: _____	/	2
Hearing Screening	/	5	Play an organized sport (full season)	fr ____/____ to ____/____	15
Vaccines (flu shot)	/	5	Name: _____		
Gender & Age Specific screenings (Colonoscopy, Mammogram, Pap Smear, Prostate)	/	15	Documented Workout (Gym Membership, Fit Bit, Personal Calendar, etc.)		
Healthy Living	List Date (Mo/Day)	Points	Average 1 hour/week/12 weeks:		10
Quarterly Challenge	/	15	Average 2 hours/week/12 weeks:		20
Optional Health Coaching		5	Average 3 hours/week/12 weeks:		30
Breastfeeding (per month)	/	5	Average 4 hours/week/12 weeks:		40
Quarterly Monitoring Log	/	10	Average 5 (or more) hours/week/12 weeks:		50
Mental Health Activity	/	5	Educational Activity	Date (Mo/Day)	Points (Circle Points Earned)
Nutrition Activity	Points		Attend Wellness Speaker: _____	/	5
3-a-Day Program	/	10	Monthly Challenge	/	5
8 Glasses a Day Program	/	10	_____		
Eat Healthy Meals (10 meals/month)	/	10	Pregnancy Class (per month)	/	5
Food Journal (monthly)	/	10	Safety-Risk Class	/	5
Organized Wellness Nutrition Activity: _____	/	10	_____		
			Tobacco Cessation Program	fr ____ to ____	25
			Weight Mgmt Program (8week min) _____	fr ____/____ to ____/____	30
			Wellness Book/Video	/	5

## COMMUNITY AND LIFE ENRICHMENT ACTIVITIES

**Community Activity (Maximum 30 points per wellness year)**  
Describe each activity noted below!

Activity	Date (Mo/Day)	Points (Circle Points Earned)	Activity	Date (Mo/Day)	Points (Circle Points Earned)
Attend School or Community Event: _____	/	5	Highway clean up/work day	/	5
Coaching a Sports Team	fr ____/____ to ____/____	10	Volunteer for a <u>recognized</u> charity/event	/	5
Refereeing	/	2	Other special event promoted through Wellness Committee	/	5
Donate Blood	/	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			
Continuing Education Course: _____	/	5	Massage Therapy	/	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](mailto:wellness@medford.k12.wi.us) or drop in Wellness Coordinator mailbox.**