

HuskyPAW

PHYSICAL ACTIVITY & WELLNESS

Monthly Tracking Form - send to Benefit Services

Name _____

For Month of _____

Department _____

Phone _____

Selection Point Value

- 500 Preventative Wellness Visit
- 250 Preventative Dental Visit (limit once per year)
- 500 Mammogram Screening
- 500 Prostate Screening
- 500 Smoking Cessation - You are eligible if you enrolled in a smoking cessation program this month
- 50 Continued Smoking Cessation - You are eligible if you successfully remained in the program this month
- 500 Weight Loss Program - You are eligible if you enrolled in a weight loss program this month
- 50 Continued Weight Loss Program - You are eligible if you weighed in or attended a meeting at least once this month
- 500 Other* _____

*This category represents organized events such as triathlons, ski races, snowshoe races or other similar races. Training for such events or classes in yoga, swim, etc. would be tracked as cardio or other exercises.

Complete this portion only if not using Spark People:

- _____ Food eaten daily = 1 point per food (max 5 points per day)
- _____ Exercise Minutes = 1 point per 5 minutes (max 24 points per day)
- _____ Track Other Exercises = 1 point per goal (max 10 points per day)
- _____ Other Goals = 1 point per goal tracked (max 10 points per day)
- _____ Drink 8 cups of water daily = 5 points per day

TOTAL POINTS _____

All information I provided is true and accurate.

Employee Signature _____ Date _____