



2010 Wellness Program Documentation Form Weight Management Tracking Challenge

The following is to document your ability to maintain or lose weight over a month's time period. An incentive/prize is awarded based on the final weight at the end-of-the-month being the same or less than the initial weight at the beginning of the month. This challenge may be played twice during any two months during the wellness year. Complete the information below:

Employee Name (please print) _____

- Initial Weight _____ (recorded on the first day of the month and witnessed by the Premier Wellness Coordinator or designee).
- Final Weight _____ (recorded on the last day of the month and witnessed by the Premier Wellness Coordinator or designee).

By signing below, you acknowledge that you did obtain the above listed measures for yourself and the information listed is accurate and valid.

Date of submittal _____

Signature _____

Note:

All private health information shared with the Premier Wellness Coordinator through your involvement in the program is strictly confidential. No other individual or entity will have access to this information without your expressed consent.