



# FY11 Wellness Program Quarterly Accountability Form

- 1<sup>st</sup> Qtr (July 1 – Sept 30) due Oct 10  
  3rd Qtr (Jan 1 – Mar 31) due Apr 10  
 2<sup>nd</sup> Qtr (Oct 1 – Dec 31) due Jan 10  
  4th Qtr (April 1 – June 15) due Jun 15

(Please Check One)

**STAFF USE ONLY**

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

TIER: \_\_\_\_\_

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

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

Date Submitted \_\_\_\_\_ Dept \_\_\_\_\_ Last Name \_\_\_\_\_ Sr/Jr First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

**BEST WAY TO CONTACT YOU:** \_\_\_\_\_ (Circle if applicable)

- DATES are REQUIRED to gain credit for activities.
- Provide a description with submitted activities.
- Record POINTS and/or TIER activities on ONE form/quarter.
- Submit activities on the form during the qtr in which they occur.

**FORMS ARE DUE BY THE END OF THE QUARTER!**

## BEHAVIORAL ACTIVITIES

Exams/Screenings (1 per year unless indicated)	Date (Mo/Day)	Tier (Check Box)	Points (Circle Points Earned)	Physical Fitness Activity (175pt min/FY)	Date (Mo/Day)	Tier (Check Box)	Points (Circle Points Earned)	
Colonoscopy	___/___	<input type="checkbox"/>	OR 25	Exercise average 2 hours per week OR Exercise average 1 hour per week	<i>All quarter</i>	<input type="checkbox"/>	50 or 25	
Annual Physical	___/___	<input type="checkbox"/>	OR 15					
PSA/DRE	___/___	<input type="checkbox"/>	OR 15	<i>Exercise beyond that reported above:</i>				
Mammogram	___/___	<input type="checkbox"/>	OR 15	Exercise Programs (8-10 wks) Name: _____	Fr ___/___ to ___/___	<input type="checkbox"/>	OR 30 x ___ = ___	
Tobacco Cessation Dr. Appt.	___/___	<input type="checkbox"/>	OR 15	Play an organized sport (8-10 wks) Name: _____	Fr ___/___ to ___/___	<input type="checkbox"/>	OR 25 x ___ = ___	
Pap Smear	___/___	<input type="checkbox"/>	OR 10	Whole Marathon Run/Walk Name: _____	___/___	<input type="checkbox"/>	OR 30 x ___ = ___	
Dermatology Exam	___/___	<b>NOT FOR TIER</b>	5	½ Marathon Run/Walk Name: _____	Fr ___/___ to ___/___	<input type="checkbox"/>	OR 20 x ___ = ___	
Dental Exam (1/6mo)	___/___		5		10k Run/Walk Name: _____	___/___	<input type="checkbox"/>	OR 15 x ___ = ___
Regular Glucose Check	___/___		Diabetes Package	5	5k Run/Walk Name: _____	___/___	<input type="checkbox"/>	OR 10 x ___ = ___
Podiatry Exam	___/___		<input type="checkbox"/>	3	Bike Race/Long Rides Distance: _____ (required)	___/___	<input type="checkbox"/>	OR 20mi + <input type="checkbox"/> TBD (Based on mileage)
MicroAlbumin Test	___/___	<b>NOT ELIGIBLE FOR TIER</b>	3	Leader of a Fitness Group (8-10 wks)	fr ___ to ___	<b>NOT ELIGIBLE FOR TIER</b>	15	
CRP Test	___/___		All 4 for TIER	3	Golf 18 holes without cart		___/___	10
Flu Shot	___/___			3	Golf 9 holes without cart		___/___	5
Vision Screening	___/___			3	Outdoor activities (5 max/qtr) <i>Please list:</i>		___/___ ___/___ ___/___ ___/___	5x ___ = ___
Hearing Screening	___/___		3					
Bone Density Screening	___/___		3					
Oral Cancer Screening	___/___		3					
<b>Nutrition Activity (90 Pt Min/FY)</b>								
		<b>Tier Credit (Check Box) 8wk min</b>		<b>Points 3 pts/wk - 12 wks/qtr (Indicate Pts Earned)</b>				
Water	<b>OR</b>		All 3 for 8 weeks for Tier		3 x ___ # of wks = ___			
Fruit			3 x ___ # of wks = ___					
Vegetables			3 x ___ # of wks = ___					
Nutrition Requirements: Water – 6 glasses (8oz)/day   Fruit – 2 servings/day   Veggies – 3 servings/day								

EDUCATIONAL ACTIVITIES				
Activity Describe activities notated below! (8 WK MIN!!)	Date (Mo/Day)	Tier (Check Box)	Points (Circle Points Earned)	
Formal Weight Mgmt Program (8wk min) _____	Fr ___/___ to ___/___	<input type="checkbox"/>	<b>OR</b>	30
Risk Reduction Program (8wk min) _____	Fr ___/___ to ___/___	<input type="checkbox"/>	<b>OR</b>	25
Tobacco Cessation Program	fr ___ to ___	<input type="checkbox"/>		25
Leader of a Health Ed. Group	All qtr.	<b>NOT TIER</b>		10
Safety-Risk Division Class _____	___/___	<input type="checkbox"/>	<b>OR</b>	5
Pregnancy Class _____	___/___	<input type="checkbox"/>	<b>OR</b>	5
ACC Fitness Center Orientation	___/___	<b>NOT TIER</b>		5
Healthy Hours (5pt ea) (Please list names)	___/___ ___/___ ___/___ ___/___ ___/___ ___/___ ___/___ ___/___ ___/___	<input type="checkbox"/>  # for Tier (this qtr)  _____		5 x ___ = ___ # for pts
BCBS Audio Health Course (3 pts ea) (Please list course # & names)	___/___ ___/___ ___/___ ___/___ ___/___	<b>3 course min for TIER</b>  <input type="checkbox"/>		3 x ___ = ___

POINTS ONLY: Community & Life Enrichment Activities			
Community Activity (50 Pts Max) *Only 1 of Each per Qtr*	Date (Mo/Day)	Points (Circle Points Earned)	
<b>Describe each activity notated below!</b>			
Coaching/Refereeing a Sports Team _____	Fr ___/___ to ___/___	10	
Alex Machine Donation (Platelets)	___/___	10	
Donate Blood	___/___	5	
Volunteer for a <u>recognized</u> charity/event _____	___/___	5	
Park clean up/work day	___/___	5	
Other special event (refer to manual!) _____	___/___	5	
<b>Life Enrichment Activity (25 Pts Max)</b> *Only 1 of Each per Qtr*	<b>Date (Mo/Day)</b>	<b>Points (Circle Points Earned)</b>	
<b>Describe each activity notated below!</b>			
Creative Theatre:	___/___	5	
Arts Center Gallery Exhibition:	___/___	5	
Sandy Creek Nature Center Program:	___/___	5	
Pottery, art, writing, or music class:	___/___	5	
Life Enrichment Course:	___/___	5	
Continuing Education Course:	___/___	5	
<b>Mind &amp; Body Activities</b> *Only 1 of Each per Qtr*	<b>Date (Mo/Day)</b>	<b>Points (Circle Points Earned)</b>	
Massage Therapy	___/___	5	
Acupuncture	___/___	5	
<b>Others for Consideration (2 may be submitted per qtr)</b>	<b>Date (Mo/Day)</b>	<b>Indicate Program for Possible Credit</b>	
		<b>Tier</b> <input type="checkbox"/>	<b>Pts.</b> <input type="checkbox"/>
		<b>Tier</b> <input type="checkbox"/>	<b>Pts.</b> <input type="checkbox"/>

**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 or TIER credit and thus effecting possible insurance reductions. I also understand that all activity credit is subject to approval.**

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

**Send your quarterly accountability form to HR, Attention: Wellness Program**