Employee Name: _____ **Facility:** _____ **Date:** _____

Please attach all documentation for points earned to this form to be submitted by:
- June 30th for points earned in the period of January through June.
- December 31st for points earned in the period of July through December.

CHAMPION: 75 POINTS   MEDALIST: 125 POINTS

WELLNESS STEP	POINTS POSSIBLE	DOCUMENTATION	✓	POINTS EARNED
Provider Assessments				
Annual check-up through PCP	20	CWP Form	☐	_____
Annual preventative blood screening through PCP	20	CWP Form	☐	_____
Other preventative screen (e.g. mammogram, PAP, colonoscopy)	20	CWP Form	☐	_____
Wellness coaching (e.g. personal trainer, counselor)	25	CWP Form	☐	_____
Personal Assessments				
Health Risk assessment	10	CWP Form	☐	_____
Work/Life Balance Assessment	10	CWP Form	☐	_____
Endurance/Strength assessment (beg & end)	15	CWP Form	☐	_____
Wellness Check-ins	20	CWP Form	☐	_____
Group Programs				
Facility – Biggest Loser/Maintain Don't Gain	40	Facility Verification	☐	_____
Weight Management Program	25	Enrollment Form	☐	_____
Tobacco Cessation Program	30	CWP Form	☐	_____
Be Active				
Hike/Walk (outside of CWP event)	15	Attestation/Picture	☐	_____
Race/5k Participation	30	Enrollment Form/Picture	☐	_____
Physical Exercise at athletic facility or in home (70 visits in a 6-month period)	50	CWP log	☐	_____
Wellness Event (e.g. yoga, kayak, hike/walk)	25	Facility Verification	☐	_____
Other				
Remain Smoke Free	30	Attestation	☐	_____
Massage Therapy (x3)	20	CWP Form	☐	_____
Receive Produce Box (x3 weeks)	20	Receipts	☐	_____
Volunteer	15	CWP Form	☐	_____
Donate (e.g. CEF, cash, items, blood bank)	15	Receipt/ CWP Form	☐	_____

TOTAL POINTS _____