

Wellness Points Documentation Form

EMPLOYEE NAME: _____ **FACILITY:** _____ **DATE:** _____

Please submit your **completed packet** to your HR coordinator. Only send approved documentation. Any application containing private medical information will be rejected. **Please include all documentation/forms/signatures/photos/attestations/verifications/receipts or your application will be rejected.**

Wellness Step	Points Possible	Documentation	<input checked="" type="checkbox"/> Points Earned
Provider Assessments			
TELEMEDICINE AND VIRTUAL APPOINTMENTS APPLY.			
*Annual Check-Up through PCP	20	CWP Form #1 <input type="checkbox"/> Jan-June OR <input type="checkbox"/> July-Dec	<input type="checkbox"/> _____
*Annual Preventative Blood Screening through PCP	20	CWP Form #1 <input type="checkbox"/> Jan-June OR <input type="checkbox"/> July-Dec	<input type="checkbox"/> _____
Other Preventative Screen	20 each	CWP Form #1	<input type="checkbox"/> _____
<input type="checkbox"/> Eye Exam <input type="checkbox"/> Colorectal Exam <input type="checkbox"/> Dental Exam <input type="checkbox"/> Annual OB/GYN Exam (Pap) <input type="checkbox"/> Mammogram <input type="checkbox"/> Prostate <input type="checkbox"/> Other			
Wellness Coaching/Personal Trainer/Counselor/Support Group	25 each / max 75	CWP Form #2, #3, #4	<input type="checkbox"/> _____
Personal Assessments			
Personal Wellness Assessment with Action Plan	25	CWP Form #5	<input type="checkbox"/> _____
Work/Life Balance Assessment	10	CWP Form #6	<input type="checkbox"/> _____
Endurance/Strength Assessment (<i>Beginning & End</i>)	15	CWP Form #7	<input type="checkbox"/> _____
Wellness Check-ins	20	CWP Form #8	<input type="checkbox"/> _____
Group Programs			
Facility – Biggest Loser	40	Facility Verification	<input type="checkbox"/> _____
Facility – Maintain Don't Gain	40	Facility Verification	<input type="checkbox"/> _____
Weight Management Program	25	Enrollment Form	<input type="checkbox"/> _____
Tobacco Cessation Program	30	Receipt	<input type="checkbox"/> _____
Be Active			
Hike/Walk (<i>3 maximum, outside of CWP event</i>)	15 each / max 45	Location / Date / Picture	<input type="checkbox"/> _____
Race/5k Participation (<i>2 maximum</i>)	30 each / max 60	Enrollment Form/Picture	<input type="checkbox"/> _____
Physical Exercise at Athletic Facility or in Home (<i>70 entries in a 6-month period</i>)	60	CWP Form #9	<input type="checkbox"/> _____
Sponsored CHI Wellness Event	25 each	Facility Verification / Sign-in Sheet	<input type="checkbox"/> _____
Virtual or In-Person Fitness/Yoga Class (<i>3 classes minimum</i>)	15 each / max 45	Instructor Verification	<input type="checkbox"/> _____
Other			
Remain Smoke Free for 6 Months	30	CWP Form #10 / Attestation	<input type="checkbox"/> _____
Massage Therapy (x3)	20	CWP Form #11	<input type="checkbox"/> _____
Chiropractor Visits (x3)	20	CWP Form #14	<input type="checkbox"/> _____
Receive Produce Box (x3 weeks)	20	Receipts	<input type="checkbox"/> _____
Volunteer (<i>3 maximum</i>)	15 / max 45	CWP Form #12	<input type="checkbox"/> _____
Donate (<i>e.g. CEF, food, clothes, blood, monetary to non-profit</i>)	15 / max 60	CWP Form #13 / Receipts	<input type="checkbox"/> _____
Mental Health Wellness App (<i>e.g. Calm, Headspace</i>)	15	Screenshot/Proof of Enrollment	<input type="checkbox"/> _____

***Required for eligibility in 12 month period**

TOTAL POINTS _____

Attach all documentation for points earned to this form to be submitted by:
 July 10th for points earned in the period of January through June.
 January 10th for points earned in the period of July through December.

Champion: 75 points
Medalist: 125 points