

CITY OF GULFPORT
2011 Wellness
Participation Form

Date Submitted: _____

Employee Name: _____ Employee ID Number _____

Department: _____

Eligible Activities: Please check off your completed activities

CHOOSE UP TO THREE (3) ACTIVITIES, ALONG WITH PRE-MEDICAL EXAM FROM THE LIST BELOW:		Documentation
<input type="checkbox"/>	Enroll and complete a City sponsored Tobacco Cessation Program (counts as 2 activities), sponsored by: Memorial Hospital	Proof of Participation
<input type="checkbox"/>	Keep a Physical Activity Journal for eight (8) weeks <ul style="list-style-type: none"> • All physical activity should be written down • Eligible activities include, but not limited to: gym usage, running, walking, or cycling log, training for an event (i.e., running, walking or cycling event to raise money) and dance lessons (count as 2 activities) 	Journal recorded on the Wellness Program template (preferred). Gym usage report accepted.
<input type="checkbox"/>	Obtain an annual wellness checkup, to include a health risk assessment.	Proof must be kept at Med Analysis Clinic
<input type="checkbox"/>	Enroll in a certified weight loss program, i.e., Weight Watchers, etc. (counts as 2 activities)	Proof of participation
<input type="checkbox"/>	Healthy Living Class – 12 week class (counts as 4 activities) Classes sponsored by: Gulf Coast Health Educators	Proof of participation
<input type="checkbox"/>	Diabetes I'm In Control Class- 3 classes (counts as 3 activities), sponsored by: Gulf Coast Health Educators	Proof of participation
<input type="checkbox"/>	Cardiovascular Class- 3 classes (counts as 3 activities), sponsored by: Gulf Coast Health Educators	Proof of participation
<input type="checkbox"/>	Attend mini-classes : Hypertension (30 minutes), Breast Self-Care (30 minutes), Exercise Class (30) minutes . Sponsored by: Medical Analysis Clinic (Counts as 1 activity per class)	Proof of participation