


# WELLNESS WORKS 2019

## LOG OF ACTIVITIES

<b>EDUCATION-</b>	<b>Learning: Learning Changes Lives and Minds</b>	<b>Documentation Required:</b>	
	ICC Monthly Seminars	Sign the sign in sheet at each presentation	
	Community Lectures/Seminars	Copy of information /registration from the lecture or seminar for proof.	
	ICC Benefits Fair	Sign the sign in sheet at the Benefits Fair	
	Health Fair	Flyer/information/registration from a Health Fair	
	CougarPlex Special Events	4 per year/Sign the sign in sheet at the CougarPlex	
<b>GIVING- Community: We Change the World Better by Building &amp; Supporting Our Community</b>			
	Run/Walks	Copy of Bib or registration from the Walk/Run	
	Blood Donations	Copy of Red Cross Card or paper given to you at blood drive	
	CPR/AED Training	Copy of current CPR Card	
	Volunteering in your community	*Limit of 10 hours per year. Signed letter stating volunteer efforts and hours volunteered from person in charge	
	Clothing and Food Donations	Documentation from facility	
<b>PREVENTION- Integrity: We Set a Good Example &amp; Mentor Others through Preventative Health</b>			
	Nonsmoking Status	Email Wellness@icc.edu to indicate nonsmoking status. Must resubmit each year.	
	Kick The Habit	Must be smoke free for 6 months and have a signed Kick the Habit verification form	
	Optimum Health Solutions	Health Assessment and Lab Work / No documentation needed	
	Community Screenings	Ex: Methodist Wellmobile Documentation showing you participated	
	<b>Preventative Care:</b>		
	Physical/Annual Exam	1 per year/EOB from insurance/or note or receipt from provider	
	Dental Exam	2 per year/ EOB from insurance/or note or receipt from provider	
	Vision Exam	1 per year/EOB from insurance/or note or receipt from provider	
	Mammogram	1 per year/EOB from insurance/or note or receipt from provider/	
	PSA/DRE	1 per year/EOB from insurance/or note or receipt from provider/ If done at ICC no documentation is needed	
Bone Density	1 per year/EOB from insurance/or note or receipt from provider		

Flu Vaccine			1 per year/EOB from insurance/or note or receipt from provider
Massage			Max 20 pts./EOB from insurance/ or note or receipt from provider
Chiropractic Exam			2 per year/ EOB from insurance/or note or receipt from provider

<b>MANAGEMENT-</b>	<b>Responsibility: We are Responsible for Managing Our Stress, Our Bodies, &amp; Our Goals</b>		<b>Documentation Required:</b>
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	Weight Management Group			Weight Watchers, Jenny Craig, etc.... Documentation you are in a group/ ID card etc....
	Exercise Sessions/Workouts			50 sessions/ Print out from Health Club/ or Home workout log
	Exercise Bonus			50 additional sessions / Print out from Health Club/ or Home workout log
	Fitness Assessment			Done at the CougarPlex call CougarPlex for more information 694-5419
	Health Assessment #1			Done at the CougarPlex call CougarPlex for more information 694-5419
	Health Assessment #2			Done at the CougarPlex call CougarPlex for more information 694-5419
	Fitness Center Challenges			Provide documentation of completion from CougarPlex. You can earn additional pts for improvements
	Walking Break/Recess event			Have a co-worker vouch for your walk, sign in at recess event

<b>IMPROVEMENT-</b>	<b>Excellence: We Hold High Expectations for Ourselves &amp; Our Health &amp; Wellness</b>		<b>Documentation Required:</b>
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	<b>Number Improvement:</b>			<b>Fitness Assessment are done at the CougarPlex you will need to have completed the assessment 2 of the 4 times through out the year in order to document improvement.</b>
	<b>Weight Loss / Maintenance:</b>			<b>Call 694-5419 for more information</b>
	At or near ideal wt. with no gain			
	10% loss			
	20% loss			
	<b>Body Fat Maint./Improvement:</b>			
	Maintain (Normal Range)			
	Improvement			
	<b>BMI Maintenance/Improvement:</b>			
	Maintain (Normal Range)			
Improvement				
<b>B/P:</b>				

