Nutrition Counseling / Mindfulness Activity Verification

Please attach this sheet to your Wellness Rewards Form and return to the Benefits Department **no later than 12/31/2026.**

Employee Name (please print): _____

Dietitian Visit

This proof of visit confirms that the employee named above participated in a nutrition counseling visit on the following dates (must have **at least two**):

Date 1: _____ Date 2: _____

Dietitian Office/Name: _____

Dietitian Signature: _____

Employee:
I authorize the release of this proof of visit to Woods Services. I understand that Woods will not receive any personal information regarding my nutrition counseling visits from my dietitian or any other third party. Only my participation has been verified.

Employee Signature: _____ Date: _____

Mindfulness Activity

I completed a Mindfulness Activity at least three times (meditation, stress reduction seminar/ counseling, or yoga class)

Date 1: _____ Date 2: _____ Date 3: _____

I attest the self-reported information above is true and accurate.

Employee Signature: _____ Date: _____