Proof of Visit/Verification Form

Please attach this sheet to your Wellness Rewards Form and return to the Benefits Department **no later than 12/31/2024.**

Employee Name (please print): ____

Preventive Visit

This proof of visit confirms that the patient named above received **one** of the following preventive care services (you do **not** need to indicate which service):

- Routine Preventive Wellness Check-Up
- Mammogram
- Pap Smear
- Colonoscopy
- Skin Cancer Check
- Dental Exam

Physician Verification

Physician Office/Name: ____

Date of Visit: ____

Physician/Dentist Signature: ______________________________ Date: ______________

Patient/Associate

I authorize the release of this proof of visit to Woods Services. I understand that Woods will not receive any personal information regarding these preventive services from my doctor or any other third party. Only my participation has been verified.

Patient Signature: ______________________________ Date: ______________

Activity/Blood Pressure Log

Please attach this sheet to your Wellness Rewards Form and return to the Benefits Department **no later than 12/31/2024.**

Employee Name (please print): ______________________________

Fitness Verification/Self-Report Log

1. Walking Option: Walk 30 minutes. Please record the dates that you walk in 2024 on the log below (at least 50 entries required). Examples include walking to and from bus, walking pets, or any activity that keeps you moving!

2. Gym/Fitness Class Option: Request a visit log from your gym and attach to your signed form. If your gym cannot provide a printout, please write down the class and date in the 50 spots provided below.

ACTIVITY/DATE	ACTIVITY/DATE	ACTIVITY/DATE
1	18	35
2	19	36
3	20	37
4	21	38
5	22	39
6	23	40
7	24	41
8	25	42
9	26	43
10	27	44
11	28	45
12	29	46
13	30	47
14	31	48
15	32	49
16	33	50
17	34	

Blood Pressure Log

Take your blood pressure once each month (at least 3 months) and fill-out the information below. Please do not record your actual blood pressure reading on this sheet.

MONTH	LOCATION OF BP READING	DATE RECORDED

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

Employee Signature: ______________________________ Date: ____________________

Nutrition Counseling / Mindfulness Activity Verification

Please attach this sheet to your Wellness Rewards Form and return to the Benefits Department **no later than 12/31/2024.**

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: ____________________

Volunteering Activity Verification

Please attach this sheet to your Wellness Rewards Form and return to the Benefits Department **no later than 12/31/2024.**

Employee Name (please print): ____

Volunteering for a Local Charity

This proof of visit confirms that the employee named above volunteered for a local charity for a minimum of two hours on the following dates (limit **two**):

Date 1: ______________________________

Name of event: ______________________________

Date 2: ______________________________

Name of event: ______________________________