

# Activity/Blood Pressure Log



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): \_\_\_\_\_

## Fitness Verification/Self-Report Log

**1. Walking Option:** Walk 30 minutes. Please record the dates that you walk in 2026 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: \_\_\_\_\_