



Annual Wellness Optional Activities Verification Form

To be completed by 6/30/2023

Employer: **City of Cheyenne**

Employee Name: _____

Employee Verification:

This form is to verify compliance with a wellness program. As part of the wellness program, this form will need to be completed and returned to the City of Cheyenne Human Resources Office. Employees must participate in 2 optional activities per quarter:

Annual Eye Exam (**signed optional exam form required**)

Dental Preventative Care Check-up (**signed optional exam form required**)

Annual Skin Cancer Check-up (**signed optional exam form required**)

Men's/Women's Health Visit (**signed optional exam form required**)

Colonoscopy (**signed optional exam form required**)

Attended a "Health Eating" presentation: **Date & Location:** _____

Attend a Wyoming Retirement System session: **Date attended:** _____

Be active 30 minutes per day, 3 days per week: **Date started & completed:** _____

LEARNS on-line course(s) (**circle courses completed**):

- Managing Stress in Uncertain Times (10 min)
- Practicing Hand Hygiene (15 min)
- Preventing Strains & Sprains (30 min)
- Stress Management at Work & Elsewhere (30 min)
- Whole Health: A Well-rounded Exercise Routine (6 min)
- Whole Health: Am I at Risk for Diabetes? (5 min)
- Whole Health: Am I Getting the Right Nutrition? (7 min)
- Whole Health: Brain Health (5 min)
- Whole Health: Dental Care (5 min)
- Whole Health: Good Sleep Habits (6 min)
- Whole Health: Maintain a Strong & Healthy Back (6 min)
- Whole Health: Preventive Care (5 min)
- Whole Health: Self-Awareness About Drinking (5 min)
- Whole Health: Techniques to Manage Stress (5 min)
- Whole Health: The 3 Biggest Myths About Smoking (5 min)
- Workplace Ergonomics (30 min)

Log Blood Pressure (for 30 days): **Date started & completed:** _____

Log sugar intake (for 30 days): **Date started & completed:** _____

Participate in a planned family wellness activity (i.e. family 5k): **Activity & Date:** _____

Botanic Gardens Fitness & Health Classes: **Activity & Date:** _____

Aquatics Fitness Class/Activity: **Activity & Date:** _____

I certify that all above information is true and accurate.

Employee Signature: _____ Date: _____