



Wellness Program Optional Activities Form

Please complete and return forms to the Wellness Program Specialist in the Human Resources Office by 06/30/24.

Employee Name: _____

Employee Signature: _____

Date: _____

A minimum of 5 Optional Wellness Activities are required to complete the Wellness Program.

Please provide documentation:

Annual Medical Check-up	Date completed
Eye Exam	
Dental Check-up	
Skin Cancer Check-up	
Mammogram	
Prostate Exam	
Men/Women Exam	
Colonoscopy	
Vaccination	
Follow-up Visits for a Chronic Disease	
Mental Health Counseling	

Please provide documentation as needed:

Activity	Description	Date
One-on-One Support with a Health coach	Make an appointment with the Wellness Specialist, Suzette Perriton	
Log Blood Pressure	Log 8 times in a month/make an appt with Suzette to have your blood pressure taken.	
Log sugar or protein intake for 30 days	Log each day for 30 days. May use Myfitnesspal app	
Get 8,000 steps for 30 days	Log using Apple watch or Fit bit for 30 days	
Drink 64 oz. Water Each Day for a Month	Log 64 oz. water each day for a month	
Develop an Exercise Routine	Log 3 times a week for a month	
Attend a fitness, yoga, or meditation class	Log 6 times in a month	
Attend a healthy Lunch n' Learn	Come participate in a Lunch n' Learn presentation... coming soon!	
Attend a Wyoming Retirement System Session or financial class		
Attend a city-sponsored activity	bowling tournament, golf tournament, Planting trees with Rooted in Cheyenne, etc.	
Carebridge 30-minute webinars		
Participate in a planned family wellness activity	Hiking, boating, skiing, etc.	
Participate in a Race	5k, Walkathon, bike, mountain bike, half marathon, etc.	
Lose Weight Challenge	Example: Set the goal to lose 5 lbs. in a certain amount of time. Weigh in with Suzette at the beginning and end.	
Other Wellness Activities	We want this year's Wellness Program requirements to be simple and encouraging. Please share your ideas!	

LEARNS on-line wellness courses:

Course	Time	Date completed
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: 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	
Stress Management at Work & Elsewhere	30 min	
Managing Stress in Uncertain Times	10 min	
Practicing Hand Hygiene	15 min	
Preventing Strains & Sprains	30 min	

