



Annual Wellness Optional Activities Verification Form

To be completed by 6/30/2024

Employer: **City of Cheyenne**

Employee Name: _____

Employee Verification:

This form is to verify compliance with a wellness program. This form can be completed and returned to the City of Cheyenne Human Resources Office, or any other documentation may be submitted. Employees must participate in 5 optional activities. Some ideas include:

Annual Eye Exam (**please provide documentation; ex: signed form, EOB, etc.**)

Dental Preventative Care Check-up (**please provide documentation; ex: signed form, EOB, etc.**)

Annual Skin Cancer Check-up (**please provide documentation; ex: signed form, EOB, etc.**)

Men's/Women's Health Visit (**please provide documentation; ex: signed form, EOB, etc.**)

Colonoscopy (**please provide documentation; ex: signed form, EOB, etc.**)

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**):

- | | |
|---|--|
| <ul style="list-style-type: none">• 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) | <ul style="list-style-type: none">• 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: **Activity & Date:** _____

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

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

Other wellness activities (physical, mental, financial, vaccinations, etc.): _____

I certify that all above information is true and accurate.

Employee Signature: _____ Date: _____