

# NON-ACTIVITY POINT FORM

NAME: \_\_\_\_\_



DEPARTMENT: \_\_\_\_\_

10 POINTS	
_____	Osteoporosis
_____	Resting Metabolic Rate Screening
_____	Skin Cancer Screening
_____	Stress Test
_____	Vaccination/Inoculation
_____	Wellness Education Lecture
_____	Title: _____
_____	View Date: _____
_____	Title: _____
_____	View Date: _____
ONCE PER QUARTER	
_____	Blood Glucose (12-hr fasting)
Point Slip or Signature Required for Each Above	
Date: _____	_____
Signature: _____	_____
Date: _____	_____
Signature: _____	_____
Date: _____	_____
Signature: _____	_____

15 POINTS	
_____	Annual OB/GYN Exam
_____	Annual Physical Exam
_____	Colonoscopy
_____	Mammogram
_____	Physical Fitness Testing
_____	Stroke/Aneurysm Screening
_____	Health Risk Assessment & Screening
_____	_____ Annual _____ New Hire
<i>Both are required to receive a free fitness pass. You may not claim any points from sub-components of the screening.</i>	
ONCE PER QUARTER	
_____	Cholesterol
Point Slip or Signature Required for Each Above	
Date: _____	_____
Signature: _____	_____
Date: _____	_____
Signature: _____	_____
Date: _____	_____
Signature: _____	_____

5 POINTS - NOTE LIMITATIONS	
_____	Blood Pressure - Limit One Check Per Month (Max 5 Points Per Month)
_____	Dental Exam - Limit Two Per Year (Max 10 Points Available)
_____	Diet/Nutritional Support Groups - Limit Per Meeting (Max 5 Points Per Meeting)
_____	Eye/Glaucoma Exam - Limit One Per Year (Max 5 Points Per Year)
_____	Independent Diabetic Glucose Checks (Non-Fasting Finger Stick) - Limit One Per Quarter (Max 5 Points Per Quarter)
Point Slip or Signature Required for Each	
Date: _____	Date: _____
Signature: _____	Signature: _____

Submit Points by these Quarterly Deadlines:	
Points Earned:	Submit By:
Q1: November–January	February 10
Q2: February–April	May 10
Q3: May–July	August 10
Q4: August–October	November 10

CITY OF KETTERING

EMPLOYEE Wellness Program

The City's Wellness Program is designed to improve employee health, physical condition, & mental wellness through education, screening, & outreach.

MISSION

NON-ACTIVITY POINT DAILY MAXIMUM = 20 POINTS

APPROVED SIGNATURE INCLUDES PHYSICIAN, TECHNICIAN, NURSE, OR WELLNESS REPRESENTATIVE.

FORM MUST BE SUBMITTED TO THE PRCA ADMINISTRATION OFFICE (NORTH BUILDING) BY DEADLINE.