

NON-ACTIVITY POINTS FORM

INSTRUCTIONS: Signature or Point Slip is required for each item. Approved signatures are nurses, doctors, technicians, instructors, or Wellness Representatives. You may not claim any points from sub-components of a screening. Forms must be submitted to the PRCA Administrative Office (North Building) by the quarterly deadlines outlined below. Make a copy for your records should any discrepancy

NAME: _____

DEPARTMENT: _____

10 POINTS	
_____	Blood Glucose (12-hr fasting) - <i>Once per quarter</i>
_____	Osteoporosis
_____	Resting Metabolic Rate Screening
_____	Skin Cancer Screening
_____	Stress Test
_____	Vaccination/Inoculation
_____	Wellness Education Lecture - <i>Once per quarter</i>
_____	Title: _____
_____	View Date: _____
_____	Other: _____
<i>Requires Wellness Committee Approval</i>	
Points Slip or Signature Required for Each Above	
Date: _____	_____
Signature: _____	_____

15 POINTS	
_____	Annual OB/GYN Exam
_____	Annual Physical Exam
_____	Cholesterol - <i>Once per quarter</i>
_____	Colonoscopy
_____	Health Risk Assessment & Screening
_____	_____ Annual _____ New Hire
_____	Health/Safety Training (i.e. CPR/AED; First Aid)
_____	Lipid Screening
_____	Mammogram
_____	Stroke/Aneurysm Screening
_____	Other: _____
<i>Requires Wellness Committee Approval</i>	
Points Slip or Signature Required for Each Above	
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)
_____	Other: _____ (<i>Requires Wellness Committee Approval</i>)
<i>Requires Wellness Committee Approval</i>	
Points Slip or Signature Required for Each Above	
Date: _____	Date: _____
Signature: _____	Signature: _____

MINI-LECTURES - MAX 10 LECTURES PER WELLNESS YEAR (30 PTS)			
Date	Title	Date	Title
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
WELLNESS REPRESENTATIVE SIGNATURE VALIDATES ALL MINI-LECTURES SUBMITTED ON THIS FORM			
Date: _____	_____	Signature: _____	_____

ENTER TOTAL POINTS SUBMITTED:	
Note: Daily Maximum Non-Activity Points = 20	

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

