



TIER 2 WELLNESS ACTION SHEET – HEALTHY ACTIVITIES

Directions: Complete at least 6 activities listed below before April 28th, 2023. Once completed, please email your Wellness Action Sheet to the Assistant Director of Wellness or return to the SRWC front desk.

I visited our New Directions Employee Assistance Program (EAP) website (<https://www.ndbh.com/>). I clicked "For Members and Families" and selected Employee Assistance Program. I entered the company code: **washburn**, hovered over "Resource Library," and selected "See Full Library." I explored at least 3 different resource sections: _____, _____, _____.

I donated blood in the 2022-2023 fiscal year.

I completed a Preventive Exam (vision, physical, mammogram, bone density, skin cancer, colorectal exam, **OR** pap smear exam) during the 2022-2023 fiscal year. Date: _____

I completed a Dental Exam (cleaning) during the 2022-2023 fiscal year. Date: _____

I am First Aid and/or CPR certified.

I participated in Resolution Solution **OR** Hold the Stuffing employee challenges during the 2022-2023 fiscal year. Name of challenge you participated in: _____

I helped Residential Living by participating in Move Crew **OR** I volunteered at another WU event. Name of event you participated in: _____

I looked through each section of the [HR Employee Benefits](#) page and the [Employee Wellness Program](#) website.

I did random acts of kindness while at work between July 2022 - April 2023. Please record 2 of those acts. Act 1: _____, Act 2: _____.

I visited <https://www.ted.com/>, then searched for and watched Ted talks on Mental Health (date: _____) and Compassion (date: _____).

I received a COVID, influenza, pneumonia, shingles, **OR** tetanus vaccination between January 2022 – April 2023. Date: _____

I reviewed my Personal Wellness Profile report and identified _____ as an area that needs improving. I intend to improve this area by _____.

I nominated someone for the [Employee Wellness Living Well at Washburn Award](#) between July 2022 and April 2023.

I intend to select my desired incentive payment below, sign the form, and save the title of this document with my last name if I'm sending it through email to **OR** print a hard copy on *recycled paper* to deliver to the SRWC front desk.

If you require accommodations to achieve the standards for this reward, please email brent.trammell@washburn.edu to develop an alternative strategy for qualifying.

Choose one of the following incentives, valued at \$25, for completing Tier 2 of the Employee Wellness program:

Bod Bucks on iCard	Membership Reimbursement:	SRWC	Outside Gym/Classes	125a Flex Spending
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By signing, I verify I have completed the healthy activities marked above and am accurately self-reporting:

Name (print) _____ Signature _____ Date _____