2/26/15

The Office of Health Promotion and Wellness (OHPW) at the University of Alabama cares about improving the health and well-being of our faculty and staff. Please complete this form as a record of your participation in a Qualifying Wellness Program for the 2015 WellBAMA Rewards program.

Things to Know:

- Submitted Self-Report Forms **do not** automatically grant approval in the completion of a WellBAMA Qualifying Program. Each form is individually reviewed and approved by OHPW.
- The OHPW reserves the right to deny or request further information on any submitted Self-Report Form.
- All Self-Report Forms MUST have the accompanying exercise journal or certificate before being submitted for review.
- The Self-Report Form must be submitted to the WellBAMA Coordinator, Heather Mundy, on or before the 2015 Reward deadline (listed below).

Submission Deadlines:

- To earn 2015 WellBAMA Reward in December: Deadline to submit form & group session completion is October 31, 2015
- To earn 2015 WellBAMA Reward in January: Deadline to submit form & group session completion is December 18, 2015

2015 Self-Report Submission Form

Today's Date: _____ Date/Location of 2015 WellBAMA screening: _____

NAME _____ Phone Number: _____

Dept.: _____ Email: _____

Please indicate which self-report applies in the circle provided: (Example) (X)

I am submitting this Self-Report Form for the following:

○ **3-Month Exercise Journal self-report**

- Exercise training journal to include 10 or more days per month of exercise – submitting after 3 months with exercise log attached, including: dates, activity type and duration of activity.

○ **Approved Wellness Program self-report**

- Community based or other wellness programs pre-approved by OHPW health coach. Attach with certificate of completion or involvement.
  - Blue Cross Blue Shield online approved program
  - Weight Watchers at Work®

By signing here, I confirm that the information I have provided is correct and honorable. I have completed either the 3-month exercise journal or an approved wellness program and by authorizing my completion of the above stated program, I submit this self-report form with accuracy and truth. If the OHPW becomes aware that the completion of the above authorized is done so with dishonesty and is not in fact an accurate representation of the above, the OHPW reserves the right to deny any self-reported form. I understand that all submitted self-report forms do not automatically grant approval in the completion of a WellBAMA Qualifying Program.

Signature: _____ Date: _____

Please fax, email, or mail this completed form & accompanying documents to the WellBAMA Coordinator for review of completion. You will be notified if your submission is approved or requires additional information.

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web: wellness.ua.edu | phone: (205) 348-0083 | fax: (205) 348-6238