



WORKPLACE WELLNESS

City of Pataskala Wellness Program: Your Health Matters!

The City is continuing to run its own wellness program for 2022 where we control all aspects of the program. Employees who have enrolled in Employee-Only coverage are still required to earn 500 points, and those in the other coverage levels are required to earn 1,000 points in order to earn the complete wellness funds. Here are the activities for 2022:

Points Per	Max Points	Activity
100	100	Annual physical examination
75	75	Biometric screening (e.g., blood work)
125	125	Non-tobacco use
50	100	Dental cleaning/exam (2 max)
50	50	Annual eye exam
100	100	Preventative care (e.g. mammogram, PSA test, etc.)
50	50	Influenza/COVID-19 immunization
25	50	Community event (blood drive, 5K, etc. - 2 max)
50	50	Active gym membership
25	100	Other wellness activity (as approved by Admin – 4 max)
	800	Total Maximum Points Eligible

For more information contact Ann Boehnlein at aboehnlein@ci.pataskala.oh.us or (740) 927-3167

VERIFICATION OF PHYSICAL

On this _____ day of _____ 2022,
patient, _____
was given their yearly physical.

Physician

Physician's signature/stamp

Physician's address

Physician's phone

Employee/Spouse printed name

Employee/Spouse signature

RETURN THIS VERIFICATION TO THE FINANCE
DEPARTMENT FOR ***\$100 TOWARDS YOUR WELLNESS***
CREDIT GOAL OF \$500

VERIFICATION OF BIOMETRICS

On this _____ day of _____ 2022,
patient, _____
had their biometrics performed.

Physician

Physician's signature/stamp

Physician's address

Physician's phone

Employee/Spouse printed name

Employee/Spouse signature

RETURN THIS VERIFICATION TO THE FINANCE
DEPARTMENT FOR ***\$75 TOWARDS YOUR WELLNESS***
CREDIT GOAL OF \$500

AFFIDAVIT OF BEING NON-SMOKER

On this _____ day of _____ 2022,
employee/spouse, _____
affirms he/she is a non-smoker.

Employee/Spouse printed name

Employee/Spouse signature

RETURN THIS VERIFICATION TO THE FINANCE
DEPARTMENT FOR ***\$125 TOWARDS YOUR WELLNESS***
CREDIT GOAL OF \$500

VERIFICATION OF DENTAL EXAM #1

On this _____ day of _____ 2022,
patient, _____
had their 1st of 2 dental exam.

Dentist

Dentist's signature/stamp

Dentist's address

Dentist's phone

Employee/Spouse printed name

Employee/Spouse signature

RETURN THIS VERIFICATION TO THE FINANCE
DEPARTMENT FOR ***\$50 TOWARDS YOUR WELLNESS***
CREDIT GOAL OF \$500

VERIFICATION OF DENTAL EXAM #2

On this _____ day of _____ 2022,
patient, _____
had their 2nd dental exam.

Dentist

Dentist's signature/stamp

Dentist's address

Dentist's phone

Employee/Spouse printed name

Employee/Spouse signature

RETURN THIS VERIFICATION TO THE FINANCE
DEPARTMENT FOR ***\$50 TOWARDS YOUR WELLNESS***
CREDIT GOAL OF \$500

VERIFICATION OF VISION EXAM

On this _____ day of _____ 2022,
patient, _____
had their yearly vision exam.

Eye Doctor

Eye Doctor's signature/stamp

Eye Doctor's address

Eye Doctor's phone

Employee/Spouse printed name

Employee/Spouse signature

RETURN THIS VERIFICATION TO THE FINANCE
DEPARTMENT FOR ***\$50 TOWARDS YOUR WELLNESS***
CREDIT GOAL OF \$500

VERIFICATION OF PREVENTIVE EXAM

On this _____ day of _____ 2022,
patient, _____

had the preventive exam: _____

Mammogram/PSA test, etc.

Physician's printed name

Physician's signature/stamp

Physician's address

Physician's phone

Employee/Spouse printed name

Employee/Spouse signature

RETURN THIS VERIFICATION TO THE FINANCE
DEPARTMENT FOR ***\$100 TOWARDS YOUR WELLNESS***
CREDIT GOAL OF \$500

VERIFICATION OF FLU SHOT

On this _____ day of _____ 2022,
patient, _____
had his/her flu shot.

Physician's printed name

Physician's signature

Physician's address

Physician's phone

Employee/Spouse printed name

Employee/Spouse signature

RETURN THIS VERIFICATION TO THE FINANCE
DEPARTMENT FOR ***\$50 TOWARDS YOUR WELLNESS***
CREDIT GOAL OF \$500

VERIFICATION OF COMMUNITY EVENT #1

On this _____ day of _____ 2022,
I, _____ participated in the
following community event:

blood drive, 5K run/walk, etc.

Employee/Spouse printed name

Employee/Spouse signature

RETURN THIS VERIFICATION TO THE FINANCE
DEPARTMENT FOR ***\$25 TOWARDS YOUR WELLNESS***
CREDIT GOAL OF \$500

VERIFICATION OF COMMUNITY EVENT #2

On this _____ day of _____ 2022,
I, _____ participated in the
following community event:

blood drive, 5K run/walk, etc.

Employee/Spouse printed name

Employee/Spouse signature

RETURN THIS VERIFICATION TO THE FINANCE
DEPARTMENT FOR ***\$25 TOWARDS YOUR WELLNESS***
CREDIT GOAL OF \$500

VERIFICATION OF ACTIVE GYM MEMBERSHIP

On this _____ day of _____ 2022,
I, _____ have attached a
copy of my active gym membership.

Employee/Spouse printed name

Employee/Spouse signature

RETURN THIS VERIFICATION TO THE FINANCE
DEPARTMENT FOR ***\$50 TOWARDS YOUR WELLNESS***
CREDIT GOAL OF \$500

VERIFICATION OF 70,000 STEPS IN A 2 WEEK PERIOD

On this _____ day of _____ 2022,
I, _____ have tracked
70,000 steps or more during a 2-week period on my Fitbit
or other device, earning \$25.00.

MAX OF 4 TIMES ALLOWED FOR A TOTAL OF \$100.00

***See attached screen shot

Employee/Spouse printed name

Employee/Spouse signature

RETURN THIS VERIFICATION FORM WITH SCREEN SHOTS
TO THE FINANCE DEPARTMENT FOR **\$25 EACH TIME OR**
A MAX CREDIT OF \$100 TOWARDS YOUR WELLNESS
CREDIT GOAL OF \$500

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