EXERCISE POINTS

Verification Form

NAME:
EMAIL:
PHONE #:

Please fill out the section below that you completed for 2 wellness points.* **DO NOT TURN THIS FORM IN UNLESS YOU ARE AUDITIED IN JULY 2017. *2 month period must be between July 1st 2016 and June 30, 2017*

Online Exercise Journal 2 month participation (Must exercise a minimum of 30 minutes, 3 x wk or equivalent)

From _____ (date) to _____ (date).

Website or Tracking App Used _____Username_____

Aerobic Exercise 2 month log (Must exercise a minimum of 30 minutes, 3 x wk or equivalent)
Complete the following log if you did not track exercise online.

Month 1			Month 2		
Date	*Type of Exercise*	*Minutes*	*Date*	*Type of Exercise*	*Minutes*

I, _____ confirm that the above information is correct