

HEALTHY WEIGHT  
Verification Form

NAME:  
EMAIL:  
PHONE #:

*\*This will count for 2 wellness points if your BMI is over 27 and you lose 10 or more pounds.* **DO NOT TURN THIS FORM IN UNLESS YOU ARE AUDITED IN JULY 2017.**

DATE:

WEIGHT LOSS:

PHYSICIAN/RN/MEDICAL ASSISTANT signature:

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