



DATE RECEIVED	APPROVED	\$
#	OFFICE USE ONLY	

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail: \_\_\_\_\_ School District: \_\_\_\_\_

## Healthy Lifestyle Solutions Incentive Program 2008/09 Verification Form

Please complete this verification form and return it with the accompanying receipts, logs and certifications to MCSIG by May 30. You can only claim credit for activities completed during the program award year (July 1 - May 30).\*

Check those items you are requesting Health Action credit for the 2008/'09 program.

You Check	Health Action	MCSIG Verifies
<input type="checkbox"/>	I completed a required <b>wellness assessment</b> (health risk appraisal & health screenings) during the program award year (July 1-May 30). Date: _____	—
<input type="checkbox"/>	I received a <b>complete physical exam</b> from my physician per the MCSIG Schedule of Visits for my Age Group. Date of exam: _____ * Credit may be given for a complete physical exam performed per schedule by age prior to the award year with documentation.	—
<input type="checkbox"/>	I performed the listed <b>physical activities</b> on the log sheet ( <a href="http://www.mcsig.com">www.mcsig.com</a> ) for a maximum of 60 minutes (2 credits) per day. 180 credits needed.	—
<input type="checkbox"/>	I have <b>not smoked or used tobacco</b> for the last five years and have attached my signed Tobacco-Free Certificate ( <a href="http://www.mcsig.com">www.mcsig.com</a> ).	—
<b>OR</b>		
<input type="checkbox"/>	I quit smoking and have not used tobacco for the last 12 months and have attached a Smoking Cessation Class Certificate.	—
<input type="checkbox"/>	My <b>Body Mass Index</b> (BMI) score was 30 or less at the time of the wellness assessment.	—
<b>OR</b>		
<input type="checkbox"/>	I attended <b>Weight Watchers</b> and was reimbursed by MCSIG.	—
<input type="checkbox"/>	I received a <b>flu shot or nasal-spray</b> flu vaccine at a MCSIG flu shot clinic or from a doctor. Receipt required if vaccine not given by MCSIG.	—

You  
Check

Health Action

MCSIG  
Verifies

I **participated** in one or more of the MCSIG health promotion programs listed below. —

Check the programs you participated in between July 1 and May 30. Activities can be added for additional credit. Activities may vary from year to year.

- Exercise Challenge 2009\*  Colorful Choices 2008  Health Fair
- Wellness Advisory Committee\*  Wellness Ambassador\*
- 10K-A-Day\*  Anthem Blue Cross Mobile Health Screening Van
- Other \_\_\_\_\_

\*Must meet minimum participation guidelines to receive points.

I received a MCSIG **self-care booklet** and viewed the instructional DVD and completed the challenge exam (see attached). —

I attended a **self-directed learning class(s)** at a participating hospital and was reimbursed by MCSIG. Check the class(s) you participated in:

- Yoga Flow  Meditation  Tai Chi
- Child Birth Preparation  Stress Management
- Prenatal Yoga  Fresh Start (quit smoking)
- Breast Feeding  Asthma Education
- Diabetes  Heart-Smart Nutrition  Walk and Win
- Other \_\_\_\_\_

My **blood pressure** reading was **139/89** or less at the MCSIG health screening or I completed a training course on reducing blood pressure. —

My **cholesterol ratio** (TC/HDL) was **4.5** or less at the MCSIG health screening or I completed a training course on cholesterol control. —

My **glucose reading** was **140** or less at the MCSIG health screening or I completed a training course on ways to reduce blood sugar. —

**(TOTAL POSSIBLE ACTIVITIES = 13)**

\_\_\_\_\_  
Actions Verified

\_\_\_\_\_  
Signature

Comments: \_\_\_\_\_  
\_\_\_\_\_