



**TIER 2 WELLNESS ACTION SHEET – HEALTHY ACTIVITIES**

**Directions: Complete at least 6 activities listed below before April 28<sup>th</sup>, 2024. Once completed, please email your Wellness Action Sheet to the Assistant Director of Wellness or return to the SRWC front desk.**

I visited our New Directions Employee Assistance Program (EAP) website (<https://www.ndbh.com/>). I clicked "For Members and Families" and selected Employee Assistance Program. I entered the company code: **washburn**, hovered over "Resource Library," and selected "See Full Library." I explored at least 3 different resource sections: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

I donated blood in the 2023-2024 fiscal year.

I completed a Preventive Exam (vision, physical, mammogram, bone density, skin cancer, colorectal exam, **OR** pap smear exam) during the 2023-2024 fiscal year. Date: \_\_\_\_\_

I completed a Dental Exam (cleaning) during the 2023-2024 fiscal year. Date: \_\_\_\_\_

I am First Aid and/or CPR certified.

I participated in Employee Wellness Challenges during the 2023-2024 fiscal year. Name of challenge you participated in: \_\_\_\_\_

I helped Residential Living by participating in Move Crew **OR** I volunteered at another WU event. Name of event you participated in: \_\_\_\_\_

I looked through each section of the [HR Employee Benefits](#) page and the [Employee Wellness Program](#) website.

I did random acts of kindness while at work between July 2023 - April 2024. Please record 2 of those acts. Act 1: \_\_\_\_\_, Act 2: \_\_\_\_\_.

I visited <https://www.ted.com/>, then searched for and watched Ted talks on Mental Health (date: \_\_\_\_\_) and Compassion (date: \_\_\_\_\_).

I received a COVID, influenza, pneumonia, shingles, **OR** tetanus vaccination between January 2023 – April 2024. Date: \_\_\_\_\_

I reviewed my Personal Wellness Profile report and identified \_\_\_\_\_ as an area that needs improving. I intend to improve this area by \_\_\_\_\_.

I nominated someone for the [Employee Wellness Living Well at Washburn Award](#) between July 2023 and April 2024.

I intend to select my desired incentive payment below, sign the form, and save the title of this document with my last name if I'm sending it through email to **OR** print a hard copy on *recycled paper* to deliver to the SRWC front desk.

*If you require accommodations to achieve the standards for this reward, please email [evelyn.spangler@washburn.edu](mailto:evelyn.spangler@washburn.edu) to develop an alternative strategy for qualifying.*

**Choose one of the following incentives, valued at \$25, for completing Tier 2 of the Employee Wellness program:**

Bod Bucks on iCard	Membership Reimbursement:	Outside Gym/Classes	125a Flex Spending
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By signing, I verify I have completed the healthy activities marked above and am accurately self-reporting:

Name (print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_