City of De Pere
Wellness Incentive Program
Activity/Screening Completion Form

Participant Name: ______________________________________________________________

Date of Birth: __________________________________________________________________

Email (optional): __________________________________________________________________

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**Annual Preventive Care**

Eye Exam Date of Service: ____ / ____ / ______

Provider Signature: __________________________________________________________________

PSA Date of Service: ____ / ____ / ______

Provider Signature: __________________________________________________________________

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**Blood Pressure/Body Fat Check** (max of once per quarter; 50pts each)

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Date Completed</th>
<th>Provider Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quarter 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quarter 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quarter 3</td>
<td></td>
<td></td>
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<tr>
<td>Quarter 4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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**Onsite Nurse Coach Visit** (max of once per quarter; 50pts each)

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Date Completed</th>
<th>Onsite Nurse Coach Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quarter 1</td>
<td></td>
<td></td>
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<tr>
<td>Quarter 2</td>
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<tr>
<td>Quarter 4</td>
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</tr>
</tbody>
</table>

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**Health Assessment follow-up visit with Onsite Nurse Coach** (100pts)

<table>
<thead>
<tr>
<th>Date Completed</th>
<th>Onsite Nurse Coach Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
Activity/Screening Completion Form (continued)

Participant Name: ______________________________________________________________

Wellness Champion
Provide a summary with at least 5 examples of what you did to promote wellness.

1. ________________________________________________________________________
2. ________________________________________________________________________
3. ________________________________________________________________________
4. ________________________________________________________________________
5. ________________________________________________________________________

Participant’s Signature: __________________________ Date: ____ / ____ / _______

To upload your Activity/Screening Completion Form:

1. Either scan your form to a PDF or take a photo of it (Max. Size: 2 MB; supported file types: PDF, PNG, GIF, JPG, ZIP)
2. Log into your Healics account at www.myhealics.com (reminder Company ID is CityDePere; your ID is your legal first and last name, no spaces). Do NOT upload anyone’s forms but your own when logged into your dashboard.
3. Click on the “Upload Center” tab from the top menu bar.
4. Choose your file, select “Wellness Program Points” as the document type, and enter notes such as “2021 annual physical form” then click on upload.
   • Healics will verify documentation submitted; please allow 1-2 business days.
     o If the documentation is not complete or “No” was circled, Healics will email the participant to let them know what on the form needs to be corrected in order to receive credit.
   • You can verify form receipt by logging into your Healics account. Once the document has been verified, you will see a blue checkmark under the status column.

Need Help? If you need assistance accessing your account or have questions about form receipt, email the Healics team at receptionist@healics.com or call 800.432.5427 and they will be happy to assist you!