



2027 BMED EMPLOYEE WELLNESS PROGRAM

Healthy Employees, Healthier Municipalities

CORE PREVENTIVE STEPS

- Annual Physical Examination
- Annual Biometric Screening
- Two Dental Cleanings per Year
- Participation in Four (4) BMED Wellness Education Programs
- Completion of One Additional Wellness Activity

EMPLOYEE INFORMATION

Name: _____

Municipality: _____

PREVENTIVE HEALTH ACTIONS

☐ Annual Physical Date: _____

☐ Dental Cleaning #1 Date: _____

☐ Dental Cleaning #2 Date: _____

☐ Biometric Screening Date: _____

Wellness Education Program #1: _____

Wellness Education Program #2: _____

Wellness Education Program #3: _____

Wellness Education Program #4: _____

ADDITIONAL WELLNESS ACTIVITY - COMPLETE AT LEAST ONE

- ☐ Fitness / Exercise Program Participation
- ☐ Steps Tracking / Physical Activity Goal
- ☐ Nutrition Program or Challenge
- ☐ Stress Management / Mental Wellness Activity
- ☐ Other Approved Wellness Activity: _____

WELLNESS AMBASSADOR VERIFICATION

Name: _____

Signature: _____

Date: _____