



NUTRITION POINTS VERIFICATION FORM

NAME _____ PHONE # _____
E-MAIL _____

**Please fill out the section below for 2 wellness points.*

**Proof of completion is required (i.e. print outs, show app to HR employee, etc.)*

2 month period must be between January 1st and December 31st

Weight Watchers 2 month participation: 2 points

From _____ (date) to _____ (date)

Online Username _____

-OR-

Class and Tracking/Instructor Signature _____

Online Food Journal 2 month participation: 2 points

From _____ (date) to _____ (date)

Website or Tracking App Used _____ Username _____

Other Nutrition program 2 month participation: 2 points

From _____ (date) to _____ (date)

Program Used _____

Instructor/Facilitator Signature _____

Registered Dietician Sessions 2 month participation: 2 points

From _____ (date) to _____ (date)

Registered Dietician Signature _____

I certify that the above information is correct.

_____ Signature

_____ Date

