

# Wellness Passport



## PARTICIPANT INFORMATION



### JUST START IT

Participate in 3 or more of the following activities to receive a prize.

(Name)

(Building)

(E-Mail)

**For More Information:**  
Contact Your Site Wellness Rep. or Cheri Higgins at [chiggins@central.k12.or.us](mailto:chiggins@central.k12.or.us) or Kristina Wonderly at [kwonderly@central.k12.or.us](mailto:kwonderly@central.k12.or.us)



- Exercised 3+ times a week for 30+ minutes for two weeks.
- Drank 64oz. of water each day for one week.
- Had a massage in the last month.
- Received a Flu or Swine Flu vaccine in 2009-2010.
- Had my blood pressure taken in the last month.
- Visited my doctor and talked about my overall health in the last month.
- Attended a parenting, safety, wellness, or nutrition seminar/workshop/class in the last month.



Return your Wellness Passport to the GET FIT exhibit at the TMS Community Health Fair.

Be sure to complete the participant information and check off at least three passport activities before turning in your Wellness Passport to receive your free prize and get entered into the drawing for a 2 day/1 night stay at a Beach House in Pacific City.

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Business Name

PLEASE  
PLACE  
STAMP  
HERE

Business Name

Primary Business Address  
Your Address Line 2  
Your Address Line 3  
Your Address Line 4

Primary Business Address  
Your Address Line 2  
Your Address Line 3  
Your Address Line 4

Mailing Address Line 1  
Mailing Address Line 2  
Mailing Address Line 3  
Mailing Address Line 4

Mailing Ad  
Mailing Ad  
Mailing Ad  
Mailing Ad

Business Name

PLEASE  
PLACE  
STAMP  
HERE

Business Name

Primary Business Address  
Your Address Line 2  
Your Address Line 3  
Your Address Line 4

Primary Business Address  
Your Address Line 2  
Your Address Line 3  
Your Address Line 4

Mailing Address Line 1  
Mailing Address Line 2  
Mailing Address Line 3  
Mailing Address Line 4

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