H2Go!

Employee Name: _____ Last 4 Soc. Sec.: _____

(Please Print)

In the first table below, please record the amount of water consumption per day (must be at least 64 oz. of water per day for 4 weeks). In the second table, record the amount of exercise per day (must be at least 30 minutes of cardiovascular exercise 3 days per week for 4 weeks). **Both tables must be completed**.

64 ounces per day *Start Date:*	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**	**Sunday**
Week 1							
Week 2							
Week 3							
Week 4							

Please return this form to The Wellness Center <u>before</u> March 31, 2018 to satisfy your Health Management Program Participation

30 minutes a day *3 days per week* *Start Date:*	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**	**Sunday**
Week 1							
Week 2							
Week 3							
Week 4							

WVU Medicine
THE WELLNESS CENTER

PO Box 9146
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Benefit Plan Year 2018