

Name: _____ DOB: ____/____/____ EmpID: _____ Zip Code: _____

	Date of Activity	Class Name	Total Time	Activity Location	*Class Instructor Signature	Instructor Credentials
1						
2						
3						
4						
5						
6						

***Class Instructor:** Please attach a business card or brochure of classes with contact information. Your signature indicates the participant attended and participated in the class activity. Company logo/letterhead is sufficient if the above information is provided.

Participant: Please keep a copy of this log for your records. Each class completed, may be entered into the MyWellness portal under Physical Activity for HRA credit.

Contact Employee Wellness: wellness@deaconess.com or 812-450-1FIT