



## Outside Activity Validation Form

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 One On One for HRA credit.

**Contact Employee Wellness:** [wellness@deaconess.com](mailto:wellness@deaconess.com) or 812-450-1FIT