



# United States Women of Today

## HEALTH AND WELLNESS CERTIFICATION FORM

Name \_\_\_\_\_ Chapter \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Health and Wellness is designed to help each individual be aware of their physical, mental, and spiritual well being. This form may be completed once each year. Complete a minimum of 15 out of 30 items and submit it to your state officer postmarked no later than May 1<sup>st</sup>

- \_\_\_\_\_ Have a physical exam
- \_\_\_\_\_ Have an eye exam or hearing tested
- \_\_\_\_\_ Know your numbers {cholesterol, blood pressure, glucose, and body mass index }
- \_\_\_\_\_ Have a dental check up
- \_\_\_\_\_ Have a mammogram or Pap test
- \_\_\_\_\_ Have a colorectal cancer test
- \_\_\_\_\_ Have a bone density test
- \_\_\_\_\_ Have a flu or pneumonia shot
- \_\_\_\_\_ Perform monthly self breast or testicular exams
- \_\_\_\_\_ Be a registered organ donor
- \_\_\_\_\_ Quit smoking or support someone else
- \_\_\_\_\_ Donate blood or participate in an awareness walk (i.e. March for Babies, Relay for Life, Autism)
- \_\_\_\_\_ Wear your seatbelt or helmet
- \_\_\_\_\_ Do not text while you drive or use a hands free device while talking on your cell phone
- \_\_\_\_\_ Have a home fire drill or assemble an emergency preparedness kit
- \_\_\_\_\_ Certify in CPR or First Aid
- \_\_\_\_\_ Check your medication cabinet for out-dated items and dispose of them properly
- \_\_\_\_\_ Update your medical history
- \_\_\_\_\_ Eat breakfast everyday for at least a month
- \_\_\_\_\_ Keep a diary for at least a week of everything you eat
- \_\_\_\_\_ Exercise a minimum of 3 times per week for one month
- \_\_\_\_\_ Wear a pedometer
- \_\_\_\_\_ Attend a seminar, or health fair or read an article on a health topic or stress management
- \_\_\_\_\_ Keep a journal for at least one month
- \_\_\_\_\_ Watch a funny TV show or movie
- \_\_\_\_\_ Attend a fellowship breakfast
- \_\_\_\_\_ Participate in a prayer chain
- \_\_\_\_\_ Visit a nursing home, hospital or shut in.
- \_\_\_\_\_ Attend a spiritually orientated program or project
- \_\_\_\_\_ Other \_\_\_\_\_