



Due: Nov. 1, 2009

Name of Business: _____
No. of Employees: 1-25() 26-100() 101-999() 999+()
Profit: ___ Not for Profit: ___ Education: ___
Contact Person: _____
Address: _____
City/Zip code: _____
E-mail: _____
Telephone: _____

For office use only:

Total Points: _____
Certificate: _____
County: _____
Date Contacted: _____

1. Check the screenings/evaluation and preventive programs your workplace provides: (1 point per checked item)

- () health risk appraisal
() free annual physical exams for employees
() cardiovascular fitness evaluation
() cholesterol screening
() blood pressure screening
() body fat evaluation
() follow-up/retest
() offer flu shots to employees at the worksite
() offers items in this category to family members

2. Check the health education, promotion materials or courses your company provides: (1/2 point per checked item)

- () pamphlets/brochures
() posted printed material
() newsletters
() health topics in electronic media
() paycheck stuffer on health topics
() offers items in this category to family member

3. Check all physical activities offered by your company. (1 point per checked item)

- () provides space for employees to exercise
() offers exercise activities (walking, step aerobics, etc.)
() fitness room/equipment
() off-set the cost of off-site fitness center memberships
() offers organized team sports (softball, soccer, etc.)
() provide pedometers
() provide breaks/time off to exercise
() offers items in this category to family members

4. Check all the tobacco use prevention activities offered by your company. (1 point per checked item)

- () free cessation products provided twice per year
() active promotion of Oklahoma Tobacco Helpline (1-800-QUIT-NOW)
() onsite tobacco cessation programs
() offers items in this category to family members

5. Check all programs and information related to nutrition provided by your workplace. (1 point per checked item)

- () promote healthy menu items in the cafeteria (if applicable)
() offer healthy vending machine selections (fruit juices, salads, pretzels, low-fat yogurt, etc.)
() encourage employees to bring healthy snacks
() post nutritional information in break areas
() onsite Weight Watchers or similar program
() offers items in this category to family members

6. Check the management support your workplace receives to promote employee health and safety: (1 point per checked item)

- () financial rewards
() provides space for breastfeeding mothers
() incentive programs/contests
() offer health insurance to employees at no/reduced cost
() employee support groups
() health/wellness committees in place
() employee assistance programs (EAP)
() onsite safety course (lifting/exercise)
() onsite disease management program
() onsite stress management programs
() provides CPR/AED certification opportunities
() offers items in this category to family members

7. Check the ways your company involves the community in your wellness model (1/2 point per checked item)

- () shares education or promotional materials
() invites other groups or companies to participate in the physical activities offered by your company
() conducts screenings/evaluations to at risk groups in the community
() supports blood donor programs
() offers items in this category to family members

8. Wellness Policy (1 point per checked item)

- () attended Make It Your Business training or equivalent
() implemented nutrition policy
() implemented physical activity policy
() implemented 100% tobacco free policy (see below)

To help promote and encourage a tobacco-free lifestyle, all companies/workplaces seeking to achieve the highest level of certification (Excellence) must have in effect a 100% tobacco-free workplace policy that applies to the entire property under their control, both indoors and outdoors.

9. Other programs that your company offers that are not listed or relate to the above criteria. Limited to THREE programs. (1 point per checked item)

- () _____
() _____
() _____

BE SURE YOU HAVE:

Completed ALL questions in the application
Sent only one application
Correct addresses, e-mail and mail
Legible writing on hard copies
Complete name of business
Checked all items that apply to your business
PLEASE
Read Future E-Mails Related to Certified Healthy Business