

Comal County



Wellness Werks

Comal County Wellness Werks Incentive Program 2019

Program Overview

Wellness is an important part of everyone's lives. In order to promote wellness among Comal County Employees, Comal County Wellness Werks is providing an incentive program for 2019. Tickets will be earned for the completion of wellness related activities. Tickets will then be entered into a prize drawing that will take place during the Comal County Employee Christmas Party. Please see the information below for details.

Ticket System

Wellness Exam—2 Tickets

Proof of completion—you must have received a wellness exam with Catapult or your primary care doctor (PCP) between December 3rd, 2018 and December 2nd, 2019. Participation in Catapult will be verified by Comal County Human Resources (HR). If you completed a wellness exam with your PCP you must complete the Form for Reporting Wellness/Physical Exam and return it to HR no later than December 2nd, 2019*.

Walk Across Texas (WAT) Spring Walking Program—1 Ticket

Proof of completion—you must log miles for all 8 weeks of the walking program on the Walk Across Texas (WAT) website. You may walk as part of a team or as an individual. Completion of the WAT program will be verified by County Extension personnel via the WAT website.

New Braunfels Heart & Stroke Walk—1 Ticket

Proof of completion—you must send an email stating that you participated to Wanda Austin at austiw@co.comal.tx.us no later than December 2nd, 2019*. Participation will be verified by the American Heart Association.

*Employee is responsible for completing and turning in all required documentation no later than 5pm Monday, December 2nd 2019. Failure to do so will result in forfeiting the ticket/s for that activity.

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Naturally Slim—1 Ticket

Proof of completion—you must apply and be accepted to participate in the Naturally Slim program. Once accepted, you must complete all ten weeks of the program. Completion will be verified by the Texas Association of Counties (TAC).

Flu Shot—1 Ticket

Proof of completion—you must have received a flu shot between December 3rd, 2018 and December 2nd, 2019. Flu shots provided by Comal County Public Health will be verified by the public health office. If you receive a flu shot with another provider you must complete the Form for Reporting Flu Shot and return it to HR no later than December 2nd, 2019*.

Walk Around Comal County (WACC) Fall Walking Program—1 Ticket

Proof of completion—you must log miles for all 8 weeks of the walking program on the Walk Across Texas (WAT) website. You may walk as part of a team or as an individual. Completion of the WACC program will be verified by County Extension personnel via the WAT website.

Comal Cops for Kids Turkey Trot—1 Ticket

Proof of completion—you must send rank and time completed to Wanda Austin at austi@co.comal.tx.us no later than December 2nd, 2019*. Information provided will be verified on the Turkey Trot website.

Sonic Boom Challenges—1 Ticket

Proof of completion—you must have completed a minimum of 3 out of 4 Sonic Boom Challenges during 2019 to receive one ticket. Completion of challenges will be verified by the Texas Association of Counties (TAC).

*Employee is responsible for completing and turning in all required documentation no later than 5pm Monday, December 2nd 2019. Failure to do so will result in forfeiting the ticket/s for that activity.

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Prizes

Two \$500 Visa gift cards

Seven \$200 Visa gift cards

Sixteen \$100 Visa gift cards

All prizes will be taxed as required by law. Winners must be employed with Comal County as of December 2nd, 2019. You do not have to be present to win.

The prize drawing will be held during the Comal County Employee Christmas Luncheon. You do not have to be present to win.

*Employee is responsible for completing and turning in all required documentation no later than 5pm Monday, December 2nd 2019. Failure to do so will result in forfeiting the ticket/s for that activity.



Form for Reporting Flu Shot

***Date of flu shot must have been completed
between December 1st, 2018 – December 2nd, 2019
to receive 1 ticket and qualify for December drawings***

**2019 Wellness Challenge
Prize Giveaway
At Comal County Annual Christmas Party date TBA**

Please have a representative of your provider's office verify that you received a flu shot during the above period. Fill in the information below, then have someone in your provider's office sign and date the form. It can be mailed, faxed or emailed to the location at the bottom of the page no later than December 2nd, 2019. This form is proof of completion of a flu shot by a legally qualified medical practitioner and provides you entries into the drawings.

Comal County is required by law to maintain the privacy and security of personally identifiable health information. However, Comal County receives no personally identifiable health information resulting from your participation in the Wellness Challenge.

Completed forms: Comal County Human Resources Department
1297 Church Hill Drive
New Braunfels, TX 78130
830-643-5859 – Office
830-620-3468 – Fax
Email forms to: kingde@co.comal.tx.us

*****All mailed forms must be postmarked by 12/2/2019 and received no later than 12/6/2019 to qualify for the drawing.**

The Genetic Information Non-Discrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you **not** provide any genetic information when responding to this request for medical information. Genetic information as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Form for Reporting Flu Shot

To be completed by Comal County Employee

Name: (PLEASE PRINT) _____

Department/Employee # _____ Work Phone Number _____

Date of Flu Shot ____/____/____

Provider's Name _____

The above named Provider is hereby authorized to furnish Comal County Human Resources confirmation of flu shot administration. Photocopies of this authorization may be accepted with the same authority as the original. The information provided is accurate and factual. I understand that falsified information, provided on this form, is subject to disciplinary action.

EMPLOYEE SIGNATURE: _____ DATE: _____

To be completed by Physician's Office

Thank you for encouraging Comal County employees to take preventive steps to improve their health and reduce their risks! This verifies the person named above was given a flu shot on the date above.

Verified by (Signature) _____

Please Print Name _____

Office Phone Number _____

Today's Date ____/____/____

Please stamp this form with your office address/information

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Form for Reporting Wellness/Physical Exam

***Date of Wellness Exam must have been completed
between December 1st, 2018 – December 2nd, 2019
to receive 2 tickets and qualify for December drawings***

2019 Wellness Challenge Prize Giveaway At Comal County Annual Christmas Party date TBA

Please have a representative of your physician's office verify the completion of a wellness/physical exam during the above period. Fill in the information below, then have someone in your physician's office sign and date the form. It can be mailed, faxed or emailed to the location at the bottom of the page no later than December 2nd, 2019. This form is proof of completion of a wellness/physical examination by a legally qualified medical practitioner and provides you entries into the drawings.

Comal County is required by law to maintain the privacy and security of personally identifiable health information. However, Comal County receives no personally identifiable health information resulting from your participation in the Wellness Challenge.

Any age and gender appropriate comprehensive physical examination performed by the physician, physician assistant, or nurse practitioner qualifies.

The basic parts of a wellness/physical checkup are:

- A complete medical history (questions on previous illness, emotional well-being)
- A check on how well body organs are functioning (blood pressure, pulse, breathing rate, temperature)
- Routine age and gender appropriate diagnostic tests recommended by your doctor (blood tests, PSA, Pap smear, mammogram, etc.)
- A check of specific health concerns

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To be completed by Comal County Employee

Name: (PLEASE PRINT) _____

Department/Employee # _____ Work Phone Number _____

Date of Physical Exam ____/____/____

Physician or Clinical Name _____

The above named Physician or Clinic is hereby authorized to furnish Comal County Human Resources confirmation of the completed medical wellness/preventive care examination. Photocopies of this authorization may be accepted with the same authority as the original. The information provided is accurate and factual. I understand that falsified information, provided on this form, is subject to disciplinary action.

EMPLOYEE SIGNATURE: _____ DATE: _____

To be completed by Physician's Office

Thank you for encouraging Comal County employees to take preventive steps to improve their health and reduce their risks! This verifies the person named above was given a physical exam on the date above.

Verified by (Signature) _____

Please Print Name _____

Office Phone Number _____

Today's Date ____/____/____

Please stamp this form with your office address/information

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