

Med Center Health - Get Fit Club
Fitness Facility Attendance Card

Name: _____ Emp ID: _____ Dept.: _____ Quarter: _____

Confirm _____ Date _____	Confirm _____ Date _____	Confirm _____ Date _____	Confirm _____ Date _____
Confirm _____ Date _____	Confirm _____ Date _____	Confirm _____ Date _____	Confirm _____ Date _____
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Fitness Facility: _____

Directions

1. Enroll in a Fitness Facility of your choice.
2. Have a Fitness Facility staff member stamp, initial or endorse this Attendance Card each time you attend the Fitness Facility (or attach attendance roster).
3. After 24 documented Fitness Facility visits, submit this Attendance Card/Form by sending it through inter-office or scan/email to MCH Employee Wellness at EHNH@mhealth.net. You will receive a \$50 reimbursement check towards your Fitness Facility membership fee.
4. No more than one reimbursement check will be issued per employee per calendar quarter.

Fitness Facility Reimbursement Policy

Use of area Health & Fitness Clubs by Med Center Health employees is voluntary. Payment of membership fees is the responsibility of Med Center Health employees. Adherence to membership contract terms is the responsibility of Med Center Health employees. A partial membership fee refund is given to the employee for attendance and is not an endorsement of the Fitness Club by Med Center Health. An attendance roster may accompany this form as proof of attendance.

Extension you can be reached: _____ Signature: _____ Date: _____