



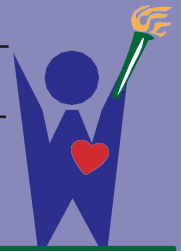
Drawing Entry Log

Please fill out this form to enter the next "500 Every 5" drawing.
Every five weeks five employees will win \$100 each.

Name: _____

Location: _____ Date: _____

Mark at least one activity you have completed. List the activity details and please submit to Cathy Carter via email, carterca@nassau.k12.fl.us, Intercounty Mail to FSS/I&P or fax to 904-548-0439. Report multiple activities on one or more forms for more chances to win.



Nassau County Public Schools
Wellness Program

☐

I completed an Annual Physical with Blood Work on the date and location below.

Date of Activity	Description of Activity	Location of Activity

☐

I completed Age-Appropriate Wellness Screening(s) or Exam(s) on the date/facility noted below.
(mammogram, PAP, colonoscopy, sigmoidoscopy, FIT-Fecal Immunochemical Test, skin check, etc.).

Date of Activity	Description of Activity	Location of Activity

☐

I completed one or more dental cleanings on the following dates.

Date of Activity	Description of Activity	Location of Activity

☐

I Exercised off-site for at least 30 minutes on the dates listed below (use back, if needed).
Each 30' counts as 1 entry. When you sign-in at on-site activities, you're automatically entered.

Date of Activity	Description of Activity	Location of Activity

☐

I served as a volunteer for a minimum of an hour at the following activity.

Date of Activity	Description of Activity	Location of Activity