

2016 Employee Wellness and Weight Loss Program

Weight Loss Log

Date: _____

Name: _____

Starting Weight: _____ Starting BMI: _____ Height: _____

Goal Weight: _____

Employee Signature: _____

MARCH: Weight: _____ BMI: _____ Initials: _____

JUNE: Weight: _____ BMI: _____ Initials: _____

Total Weight Lost: _____

Monetary Reward: _____ Employee Signature: _____

Human Resources

Date