

| Name | |
|----------------------------|--|
| Email address | |
| Home address | |
| | |
| Contact phone number(s) | |
| | |
| Membership start date | |
| Membership expiration date | |

Event Tracker Sheet

You must use this sheet to keep track of your event points. The documentation needed to turn your Pending Event Points into Confirmed Points that can be redeemed for prizes is shown for each activity. We highly recommend that you also keep track of your Event Points online in My Get Fit INFINITE so that your points are continually updated automatically.

If you misplace this sheet and the associated documentation, it is your responsibility to replace the misplaced data.

Please note that all screens and events must occur during your membership(s) for you to receive points for them.

Questions? Call us toll-free at 1-877-6000-FHN (1-877-600-0346) ext. 901 or send us an email at **GetFit@fhn.org**.

Thank you for choosing Get Fit INFINITE to help you achieve your best possible health!

| Routine Screenings (no appointment needed other than for baseline screening) | Event | Date | Support Documentation |
|---|--|------|-------------------------------------|
| Baseline screening 10 points, only one per membership timeframe REQUIRED for prize redemption. | | | FHN screen representative signature |
| Ongoing Get Fit INFINITE | Check-up Screen 1 | | FHN screen representative signature |
| check-up screens 5 points each, maximum of 20 points (4 check-up screens) during any 13-week timeframe. | Check-up Screen 2 | | FHN screen representative signature |
| These screens are listed in the Get Fit-friendly Top 50 Screens on the calendar page in My Get | Check-up Screen 3 | | FHN screen representative signature |
| Fit INFINITE. For longer memberships, please print out and use additional Event Tracker Sheet(s) if needed. | Check-up Screen 4 | | FHN screen representative signature |
| Additional FHN health screen at one of our community screenings | Glucose (blood sugar) You must have fasted (no food or drink other than water or coffee with no additives) for at least 5 hours prior to this screen to ensure accuracy. | | FHN screen representative signature |
| 10 points per screen, maximum of 50 points (5 screens) in any 13-week timeframe. | Pulmonary fitness | | FHN screen representative signature |
| For longer memberships, please print out and use | BMI (body mass index) | | FHN screen representative signature |
| additional Event Tracker Sheet(s) if needed. | BF (body fat) | | FHN screen representative signature |
| | Foot health | | FHN screen representative signature |
| Provider Screenings (appointment and/or referral needed) | Event | Date | Support Documentation |
| One or more Top 10 Health Screens | 1. Cardiovascular calcium screening | | Attach receipt or EOB |
| 40 points each, once during any 52-week timeframe.* | 2. Cervical cancer screening | | Attach receipt or EOB |
| Attach a copy of your receipt or EOB (Explanation | 3. Colorectal cancer screening | | Attach receipt or EOB |
| of Benefits from insurance companies). Does not have to be done by an FHN provider. | 4. Lipid measurement | | Attach receipt or EOB |
| | 5. Mammogram | | Attach receipt or EOB |
| | 6. Prostate cancer | | Attach receipt or EOB |
| | 7. Depression | | Attach receipt or EOB |
| | 8. Sleep apnea | | Attach receipt or EOB |
| | 9. Skin cancer | | Attach receipt or EOB |
| | 10. Dental exam | | Attach receipt or EOB |
| Annual check-up with your provider 50 points, once during any 52-week timeframe.* | Provider name: | | Attach receipt or EOB |
| Attach a copy of your receipt or EOB (Explanation of Benefits from insurance companies). Does not have to be done by an FHN provider. | | | |

| Education/Training | Event Name | Date | Support Documentation |
|--|-------------------------------------|------|-------------------------------|
| Attendance at any of these | Create Your Weight | | FHN health educator signature |
| FHN Training Programs 10 points per program, maximum of 40 points (4 programs) during any 52-week timeframe.* | Diabetes Education | İ | FHN health educator signature |
| | CPR (Cardiopulmonary Resuscitation) | | FHN health educator signature |
| | Smokebrakers | | FHN health educator signature |
| FHN health education | 1 | | |
| event attendance (such as a Speakers Bureau presentation) | 2 | İ | |
| 5 points each, maximum of 50 points (10 events) in any 52-week timeframe.* | 3 | İ | |
| Enter the name of the event or the speaker and the date you attended the event. Must be an FHN-sponsored event. | 4 | İ | |
| | 5 | İ | |
| | 6 | İ | |
| | 7 | İ | |
| | 8 | İ | |
| | 9 | | |
| | 10 | İ | |

| Additional Event Point Opportunities | | | |
|--|---|----------------------|--|
| Flu shot 10 points | Location received (does not have to be an FHN location) | Date | |
| Giving blood 10 points, maximum of 40 points (giving blood 4 times) during any 52-week timeframe.* Enter your own information at right. | Blood bank or other blood-collection facility name | Date blood was given | |

^{*} Could represent multiple memberships.

FOR USE BY GET FIT INFINITE ADMINISTRATION ONLY

| Date | # of Points Confirmed | Get Fit Admin Signature |
|------|--------------------------|-------------------------|
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| Date | # of Points Confirmed | Get Fit Admin Signature |
|------|--------------------------|-------------------------|
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