



Physical activity challenge

Monday, April 19 – Friday, May 28, 2010



Activity log

Take charge of your health and participate in the Rockwell Collins physical activity health challenge, which will be held Monday, April 19 through Friday, May 28.

Spend at least 2.5 hours on physical activity each week for six weeks and you will complete the challenge. If you log 800 minutes of physical activity by Friday, June 4, your name will be entered into a prize drawing.

Log on to the wellness portal at <https://wellness.rockwellcollins.com> each week and enter your daily activity minutes **OR** complete, sign and return this form to Nicole Studt (MS 124-212) by 4:30 p.m. (CST), Friday, June 4.

**Be sure to check with your primary care physician or health professional before beginning a health challenge program. If a medical condition prevents you or your spouse/same-sex domestic partner from completing the "Act" portion of our wellness program, or if it's medically inadvisable for you to attempt to achieve it, please call Alere at 1-888-935-5967.*

If you have questions about this health challenge, please contact Alere at 1-888-935-5967.

EXAMPLE: Note: The boxes below represent 15 minutes of exercise. Fill them in or mark with an X.

WEEK OF:	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	MINUTES
APRIL 5	■ ■ ■ ■ □	■ ■ ■ ■ □	□ □ □ □ □	■ ■ ■ ■ □	□ □ □ □ □	■ ■ ■ ■ □	□ □ □ □ □	165

WEEK OF:	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	WEEKLY MINUTES
APRIL 19	□ □ □ □ □	□ □ □ □ □	□ □ □ □ □	□ □ □ □ □	□ □ □ □ □	□ □ □ □ □	□ □ □ □ □	_____
APRIL 26	□ □ □ □ □	□ □ □ □ □	□ □ □ □ □	□ □ □ □ □	□ □ □ □ □	□ □ □ □ □	□ □ □ □ □	_____
MAY 3	□ □ □ □ □	□ □ □ □ □	□ □ □ □ □	□ □ □ □ □	□ □ □ □ □	□ □ □ □ □	□ □ □ □ □	_____
MAY 10	□ □ □ □ □	□ □ □ □ □	□ □ □ □ □	□ □ □ □ □	□ □ □ □ □	□ □ □ □ □	□ □ □ □ □	_____
MAY 17	□ □ □ □ □	□ □ □ □ □	□ □ □ □ □	□ □ □ □ □	□ □ □ □ □	□ □ □ □ □	□ □ □ □ □	_____
MAY 24	□ □ □ □ □	□ □ □ □ □	□ □ □ □ □	□ □ □ □ □	□ □ □ □ □	□ □ □ □ □	□ □ □ □ □	_____

Total minutes (goal is 800 or more) _____

For more information about eligible physical activities, log on to the wellness portal at <https://wellness.rockwellcollins.com>.

Name _____ Date _____ Email _____