

Hedahls Wellness Program Alternative – BMI

If you currently do not achieve the Hedahls Wellness Program Body Mass Index standard, you may use an alternative method to comply.

Take this document to your physician. Have him or her sign the appropriate area.

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Alternative 1

_____ is currently unable to achieve the Body Mass Index of less than 30.

It is my opinion that it would be medically inadvisable for him/her to attempt to reduce his/her Body Mass Index during the next year.

Signed: _____ **Date:** _____

Print Physician's Name: _____

Bring this form signed by your physician to Darlene at HQ to comply with the Alternative 1.

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Alternative 2

_____ is currently unable to achieve the Body Mass Index of less than 30.

It is my opinion that it would be medically advisable for him/her to attempt to reduce his/her Body Mass Index during the next year.

Signed: _____ **Date:** _____

Print Physician's Name: _____

If you are given Alternative 2, your physician's recommended program of method to achieve the BMI standard is acceptable to meet the Wellness Program Alternative criteria.

Also, enrollment in any of the commercially available programs may be used to achieve the standard absent a specific recommendation by your physician.

Bring this form signed by your physician for Alternative 2 along with proof of your enrollment in a program to Darlene at HQ to comply with Alternative 2.

Hedahls Wellness Program Alternative – Tobacco

If you currently do not achieve the Hedahls Wellness Program Tobacco Free standard, you may use an alternative method to comply.

Take this document to your physician. Have him or her sign the appropriate area.
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Alternative 1

_____ is currently unable to achieve the Standard of being free of tobacco use.

It is my opinion that it would be medically inadvisable for him/her to attempt to achieve this standard within the next year.

Signed: _____ **Date:** _____

Print Physician's Name: _____

Bring this form signed by your physician to Darlene at HQ to comply with the Alternative 1.

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Alternative 2

_____ is currently unable to achieve the Goal of being free of tobacco use.

It is my opinion that it would be medically advisable for him/her to attempt to achieve this standard within the next year.

Signed: _____ **Date:** _____

Print Physician's Name: _____

If you are given alternative 2, your physician's recommended program to achieve the Tobacco Free standard is acceptable to meet the Wellness Program Alternative criteria.

Also, enrollment in a commercially available tobacco use cessation program to achieve the standard may be used absent a specific recommendation by your physician.

Bring this form signed by your physician for Alternative 2 along with proof of your enrollment in a program to Darlene at HQ to comply with Alternative 2.