

UMR/PPSTA Wellness Plan Verification Form

This form is to be returned to Debbie Kardas. Mail to: 40 Garden St, Poughkeepsie NY 12601 or email benefittrust@ppsta.org

		Date	Signature of provider				
Health Goals/Activities							
1. Screenings							
• Skin Cancer Screening							
• Colonoscopy							
• PAP Smear							
• PSA(male)							
2. Annual Physical							
3. Dental -6 month checkup							
4. Vaccines							
• Flu Vaccine							
• Pneumonia Vaccine							
• Shingles Vaccine							
5. Complete a 5K, Half Marathon or Full Marathon							
6. Massage Therapy (5 @1per month=1 point)	Date	1.	2.	3.	4.	5.	
	Signature of Massage Therapist						