2025/2026 Hold Your Own for the Holidays

Name: _____
(Please Print Legibly)

Email: _____

Phone: _____

Height: _____ (self-reported – If unsure see Nurse Misty) – ***Note: You must disclose your height for the nurse to figure out the BMI. Without height, only the participation ½ point will be awarded.***

Initial Weigh-in Information:

Date: 11/__/25

Person verifying weight: _____ (Must be signed to count)

Today's Weight: _____ lbs. BMI: _____ (Nurse will calculate)

o No shoes at weigh in

o Shoes at weigh in

Please make a copy and send this to the Employee Health Clinic Nurse once initial weigh-in is complete!

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Final Weigh-in Information:

Date: 1/__/26

Person verifying weight: _____ (Must be signed to count)

Today's Weight: _____ lbs. (If had shoes on at weigh-in, must weigh out with shoes)

o No shoes at weigh in

o Shoes at weigh in

After the weigh out is completed, send it a second time to the Employee Health Clinic Nurse!

Office Use Only:
Date received in nurse's office:
Initial copy 11/___/25
Final copy 1/___/26
Total points earned ___pts

Entered on WS ___/___/26 by ____