



LAKESIDE INDUSTRIES WELLNESS PROGRAM

Wellness Activity & Attendance Log



PAVING THE WAY TO A HEALTHIER YOU

Instructions: Use this log if your fitness facility or subscription does not provide an automated usage report. Please ensure an instructor or facility staff member initials each visit if applicable. Use additional sheets if necessary.

Employee Name: _____ **Employee #:** _____

Employee #: _____

Facility Name: _____ **Month/Year:** _____

Month/Year: _____

Total Monthly Visits: _____

Employee Affirmation

My signature below indicates that the information submitted in this request is true and accurate. I understand that falsification of information could result in the loss of the Wellness Program rewards in future months.

Employee Signature: _____ Date: _____