



Gym Visit Log

Participant Name: _____

Health Plan Number: _____

Date of Birth: _____

Date Submitted: _____

Name of Gym: _____

*Must attend gym at least 25 times per quarter to qualify for incentive

	Date of Gym Visit
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	

	Date of Gym Visit
14	
15	
16	
17	
18	
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22	
23	
24	
25	

As a substitute for filling in the date of the 25 gym visits on this form, you may attach either:

Receipts that indicate each time you visited the gym or

A computer printout of your visits to the gym

Gym Employee Signature: _____

My signature below affirms that all of the information listed above is full, complete, and true to the best of my knowledge.

Participant Signature: _____

Return form/documentation to Secure Health P.O. Box 13447 Macon, Ga 31208 or fax to 478-314-2417

