



Event Tracker Sheet

You must use this sheet to keep track of your event points. The documentation needed to turn your Pending Event Points into Confirmed Points that can be redeemed for prizes is shown for each activity. We highly recommend that you also keep track of your Event Points online in My Get Fit INFINITE so that your points are continually updated automatically.

If you misplace this sheet and the associated documentation, it is your responsibility to replace the misplaced data.

Please note that all screens and events must occur during your membership(s) for you to receive points for them.

Questions? Call us toll-free at 1-877-6000-FHN (1-877-600-0346) ext. 901 or send us an email at GetFit@fhn.org.

Thank you for choosing Get Fit INFINITE to help you achieve your best possible health!

Name _____

Email address _____

Home address _____

Contact phone number(s) _____

Membership start date _____

Membership expiration date _____

Routine Screenings (no appointment needed other than for baseline screening)	Event	Date	Support Documentation
Baseline screening 10 points, only one per membership timeframe REQUIRED for prize redemption.			FHN screen representative signature
Ongoing Get Fit INFINITE check-up screens 5 points each, maximum of 20 points (4 check-up screens) during any 13-week timeframe. These screens are listed in the Get Fit-friendly Top 50 Screens on the calendar page in My Get Fit INFINITE. For longer memberships, please print out and use additional Event Tracker Sheet(s) if needed.	Check-up Screen 1		FHN screen representative signature
	Check-up Screen 2		FHN screen representative signature
	Check-up Screen 3		FHN screen representative signature
	Check-up Screen 4		FHN screen representative signature
Additional FHN health screen at one of our community screenings 10 points per screen, maximum of 50 points (5 screens) in any 13-week timeframe. For longer memberships, please print out and use additional Event Tracker Sheet(s) if needed.	Glucose (blood sugar) You must have fasted (no food or drink other than water or coffee with no additives) for at least 5 hours prior to this screen to ensure accuracy.		FHN screen representative signature
	Pulmonary fitness		FHN screen representative signature
	BMI (body mass index)		FHN screen representative signature
	BF (body fat)		FHN screen representative signature
	Foot health		FHN screen representative signature
Provider Screenings (appointment and/or referral needed)	Event	Date	Support Documentation
One or more Top 10 Health Screens 40 points each, once during any 52-week timeframe.* Attach a copy of your receipt or EOB (Explanation of Benefits from insurance companies). Does not have to be done by an FHN provider.	1. Cardiovascular calcium screening		Attach receipt or EOB
	2. Cervical cancer screening		Attach receipt or EOB
	3. Colorectal cancer screening		Attach receipt or EOB
	4. Lipid measurement		Attach receipt or EOB
	5. Mammogram		Attach receipt or EOB
	6. Prostate cancer		Attach receipt or EOB
	7. Depression		Attach receipt or EOB
	8. Sleep apnea		Attach receipt or EOB
	9. Skin cancer		Attach receipt or EOB
	10. Dental exam		Attach receipt or EOB
Annual check-up with your provider 50 points, once during any 52-week timeframe.* Attach a copy of your receipt or EOB (Explanation of Benefits from insurance companies). Does not have to be done by an FHN provider.	Provider name:		Attach receipt or EOB

Education/Training	Event Name	Date	Support Documentation
Attendance at any of these FHN Training Programs 10 points per program, maximum of 40 points (4 programs) during any 52-week timeframe.*	Create Your Weight		FHN health educator signature
	Diabetes Education		FHN health educator signature
	CPR (Cardiopulmonary Resuscitation)		FHN health educator signature
	Smokebrakers		FHN health educator signature
FHN health education event attendance (such as a Speakers Bureau presentation) 5 points each, maximum of 50 points (10 events) in any 52-week timeframe.* Enter the name of the event or the speaker and the date you attended the event. Must be an FHN-sponsored event.	1		
	2		
	3		
	4		
	5		
	6		
	7		
	8		
	9		
	10		

Additional Event Point Opportunities		
Flu shot 10 points	Location received (does not have to be an FHN location)	Date
Giving blood 10 points, maximum of 40 points (giving blood 4 times) during any 52-week timeframe.* Enter your own information at right.	Blood bank or other blood-collection facility name	Date blood was given

* Could represent multiple memberships.

FOR USE BY GET FIT INFINITE ADMINISTRATION ONLY

Date	# of Points Confirmed	Get Fit Admin Signature

Date	# of Points Confirmed	Get Fit Admin Signature