**Employee Wellness Program Enrollment Form**

**Section 1: Personal Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Name:** | John Doe | **Employee ID:** | EMP-4587 |
| Department |  | Position / Job Title |  |
| Date of Birth |  | Contact Number |  |
| Email Address |  | Emergency Contact Name |  |
| Emergency Contact Number |  | | |

**Section 2: Health and Lifestyle Information**

*(All responses will remain confidential and used only for wellness planning.)*

|  |  |
| --- | --- |
| **Question** | **Response** |
| Do you currently engage in regular physical activity (3+ times per week)? | ☐ Yes ☐ No |
| Average hours of sleep per night | \_\_\_\_\_\_\_ hours |
| How would you rate your current stress level? | ☐ Low ☐ Moderate ☐ High |
| Do you smoke or use tobacco? | ☐ Yes ☐ No |
| Do you consume alcohol? | ☐ Yes ☐ Occasionally ☐ No |
| Are you currently under any medical treatment or medication? | ☐ Yes ☐ No |
| If yes, please specify (optional): |  |

**Section 3: Wellness Goals**

|  |  |  |
| --- | --- | --- |
| **Goal Type** | **Example Goals** | **Your Goal** |
| Physical Health | Weight management, exercise consistency |  |
| Nutrition | Balanced diet, reducing sugar intake |  |
| Mental Health | Stress reduction, mindfulness practice | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Lifestyle | Better sleep, work-life balance | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Other Goals |  |  |

**Section 4: Program Preferences**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Wellness Activity** | **Interested (✓)** | **Type of Wellness Activity** | **Interested (✓)** |
| Fitness / Gym Membership | ☐ | Yoga / Meditation Classes | ☐ |
| Health Screenings & Check-ups | ☐ | Stress Management Workshops | ☐ |
| Nutrition & Diet Counseling | ☐ | Smoking Cessation Program | ☐ |
| Wellness Challenges (e.g., Step Count) | ☐ | Team Sports / Group Activities | ☐ |
| Other (please specify): | ☐ |  |  |

**Section 5: Consent and Agreement**

I, **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**, voluntarily agree to participate in the Employee Wellness Program. I understand that participation is optional, and all health information provided will remain confidential and used solely for wellness purposes.

**Employee Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HR Representative Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_