



Garden Grove Unified School District
Insurance Department
10331 Stanford Avenue
Garden Grove, CA 92840
714-663-6523



GIVEAWAY



Charge 2 Features

PUREPULSE HEART RATE

Continuous, automatic, wrist-based heart rate tracking without an uncomfortable chest strap

ALL-DAY ACTIVITY TRACKING

Track steps, distance, calories burned, floors climbed, active minutes and hourly activity

AUTO SLEEP TRACKING

Automatically track how long and how well you sleep and set a silent vibrating alarm

MULTI-SPORT TRACKING

Easily record runs, biking, weights and more with real-time stats on display

CONNECTED GPS

Connect Charge 2 with the GPS on your phone to see real-time stats like pace and distance on display and record a map of your route in the Fitbit app

GUIDED BREATHING SESSIONS

Find moments of calm throughout your day with personalized guided breathing sessions based on your heart rate

To promote health and wellness and encourage employees to get their yearly wellness exams, Garden Grove Unified School District will be holding a raffle for 100 Charge 2 fitbits.

Here's how to enter:

- ◆ Submit proof of your wellness exam by having your physician complete the form on the back and return it to the GGUSD Insurance Department by March 31, 2017.
- ◆ Wellness exams must be completed between March 31, 2016-March 31, 2017.
- ◆ The raffle drawing will be held in April. Winners will be contacted by phone.

Contact the Insurance Department for any questions.

PLEASE NOTE:

This fitbit Giveaway is only open to GGUSD employees who currently have GGUSD health benefits.



Wellness Exam Physician Sign-Off for Employee

Return this completed form to Garden Grove Unified School District Insurance Department by March 31, 2017 to be entered into the fitbit drawing. Drawings will be held at the beginning of April 2017.

*See attached announcement for details.

Print Employee Name

Employee Number

Worksite

Employee Phone Number

TO BE COMPLETED BY MEDICAL PROFESSIONAL:

Medical Group/Physician Name

Medical Group/Physician Address

Phone Number

Print Employee Name

completed a wellness exam on

Date

Medical Professional Signature

Medical Professional Stamp

Employee Signature

Date