

LOCAL UNIT ANNUAL REPORT FORM How Healthy is Your Local Unit?

Submit by **FEBRUARY 15** to your District Health Care Committee Chairman

Information to be reported for time period January 1 to December 31

Local Unit _____ District _____

Local Unit Health Care Committee Chairman _____

Phone _____

Email _____

Approximate number of members in your local unit _____ Date _____

Complete the following items about your local unit.

____ 1) Does your unit include a program on health care?

List program/speaker: _____

____ 2) Does your unit follow "Guidelines for Healthy Meetings?"

____ A) Are low-calorie and low-fat foods available?

____ B) Is water available?

____ C) Are stretch break encouraged?

____ 3) Does your unit publicize health tips at every meeting/newsletters?

____ 4) Was the Health Care Committee Resource Guide helpful?

▪ Do you find the Health Care Committee webpage helpful? _____



Suggested topics: _____

Your feedback is appreciated!

District Health Care Chairman, please include this form with your district report.