

# TAKE CHARGE OF YOUR HEALTH

## YOUR PERSONAL HEALTH MANUAL

## TAKE CHARGE CHECKLIST

My Personal Health Information

Each week of the Take Charge wellness challenge, you will assemble one section of your Take Charge Manual. As each section is completed, check it off below.

- Week One/Section One:** Health Contact Information
- Week Two/Section Two:** Health Numbers
- Week Three/Section Three:** Medication Listing
- Week Four/Section Four:** Family Medical Tree
- Week Five/Section Five:** Health Information
- Week Six/Section Six:** Medical Visits
- Week Seven/Section Seven:** Medical Documents/Health Reports
- Week Eight/Section Eight:** Primary Care Provider

I have successfully completed my Take Charge Manual and am committed to storing it in an accessible location, keeping it up-to-date with current information, and using it to better monitor and manage my health and health care. I also verify I have secured a primary care provider.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
EMAIL

**For More  
Information** Watch the Workplace Wellness Program  
Weekly Wellness Messages or talk with  
your Department Wellness Ambassador