



Employee Wellness Program

**“PAGING MY HEALTH”
Registration Form**

Name: _____ Entity: _____ Department: _____
Last, First (PRINT)

2-Way pager: _____ @my2way.com Email: _____ @llu.edu

EID# (On badge): _____

Please read and initial below

In order to participate in the “PAGING MY HEALTH” program, please initial and agree to all of the following statements.

1. I understand that I will receive weekly health reminders/messages (maximum of 2 per week) to my pager.

Initials

2. I understand that I *may* be asked to fill out a program evaluation form that will be used to assess the program and its effectiveness.

Initials

3. I understand that I can withdraw from the program at anytime by e-mailing the Living Whole program with my request and pager information.

Initials

If there is a specific health topic you would like included in the program, please feel free to contact us at livingwhole@llu.edu or call extension 14007



“Everyone needs a little reminder”

Return Registration form via:

E-mail, Fax (909) 651-4170 or
Intercampus mail to: Department of Risk Management
Attention: Living Whole, Employee Wellness Program