

PTHA Wellness Challenge Monthly Report Card



At the end of each month, report your progress and earn points by pulling out this page that is provided for your convenience and send to:

Attention: Community Health
2209 E. 32nd St.
Tacoma WA 98404

or drop in boxes located at PTHA



Name: _____

Address: _____

Phone: _____ E-mail: _____

Wellness Challenge month: _____ Total Points earned: _____

Goals working on/met: _____

Comments, successes, barriers or questions: _____
