

Work Healthy Georgia Profile Sheet

Contact Information		
Name of Company: _____	Person to be contacted:	
Address: _____	Name: _____	E-mail: _____
	Phone Number: _____	
Demographic Questions		
1. Is your company self-insured for employee health and medical benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Approximately how many employees work for your company?		
<input type="checkbox"/> < 50	<input type="checkbox"/> 251 - 500	
<input type="checkbox"/> 51 - 100	<input type="checkbox"/> 501 - 1,000	
<input type="checkbox"/> 101 - 250	<input type="checkbox"/> > 1,000	
Worksite Wellness	Yes	No
3. Does your company have an officially recognized worksite wellness or health promotion program open to all full-time employees?		
4. Does your company have a health or safety committee/group that addresses worksite wellness as part of its scope of work, and meets regularly?		
5. Does your company employ a person full-time whose primary responsibility is the delivery of health promotion/wellness programs? (Example: nurse, dietitian, fitness instructor, wellness coordinator).		
6. Does your company offer any incentives, financial or other, to employees who participate in health promotion, wellness, or disease screening programs?		
7. Does your company have a worksite wellness policy?		
Disease Management		
8. Does your company's health benefits package include preventive clinical services?		
9. Does your company offer health risk assessments to employees?		
10. During the past 12 months, did your company provide any educational programs on any specific chronic disease such as cancer, diabetes, or heart disease?		