No Weight Gain Contest

Weight Tracking Card

Participant Name: **EIN:**

Weigh-in Date: **Weigh Check Date:** **Weigh-out Date:**

	Weight
Week 1 (required)	
Week 2 (Optional)	
Week 3 (Optional)	
Week 4 (Optional)	
Week 5 (Optional)	
Week 6 (Optional)	
Week 7 (Optional)	
Week 8 (required)	

BMI (Optional)	**Waist** (Optional)

Print this chart and put it on the refrigerator as a reminder of your goal.

BMI (Optional)	**Waist** (Optional)

Are you making progress?
Reward yourself!

% of weight loss calculation:

1. beginning weight – ending weight = pounds lost
2. (pounds lost ÷ beginning weight) **x** 100 = percent weight lost

Starting Weight:		**Ending Weight:**		**Percentage of Weight Loss:**	0 0 . 0 0 %

Ending weight must be no greater than 2 lbs. of initial weight to qualify for the maintenance goal.

Please record your percentage of Weight Loss on the Certificate of Completion Form for credit.

You do not need to submit this form.

Employee Wellness
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