

# SIP STAND STRETCH (3S)

Your Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_

- It's simple to participate: Every hour that you are working, take a sip of water, stand, and stretch for 60 seconds.
- On the lines provided, write in your workday hours.
- Check the box each hour you completed the 3 S's. Make an 'X' if you didn't complete it that hour.
- It's informal: Even if you didn't meet the goal every hour or at all, it's about building awareness.
- At the end of the week, scan/email to [lroberts@apprhs.org](mailto:lroberts@apprhs.org) OR drop a hard copy in the boxes provided in the CMH Lobby or WMC basement or cafeteria.
- You'll be entered into our weekly drawing!

☐ Week 1: 9/17 - 9/23

☐ Week 2: 9/24 - 9/30

☐ Week 3: 10/1 - 10/7

☐ Week 4: 10/8 - 10/14

## SUNDAY

<input type="checkbox"/> .....	<input type="checkbox"/> .....	<input type="checkbox"/> .....
<input type="checkbox"/> .....	<input type="checkbox"/> .....	<input type="checkbox"/> .....
<input type="checkbox"/> .....	<input type="checkbox"/> .....	<input type="checkbox"/> .....
<input type="checkbox"/> .....	<input type="checkbox"/> .....	<input type="checkbox"/> .....

## MONDAY

<input type="checkbox"/> .....	<input type="checkbox"/> .....	<input type="checkbox"/> .....
<input type="checkbox"/> .....	<input type="checkbox"/> .....	<input type="checkbox"/> .....
<input type="checkbox"/> .....	<input type="checkbox"/> .....	<input type="checkbox"/> .....
<input type="checkbox"/> .....	<input type="checkbox"/> .....	<input type="checkbox"/> .....

## TUESDAY

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<input type="checkbox"/> .....	<input type="checkbox"/> .....	<input type="checkbox"/> .....
<input type="checkbox"/> .....	<input type="checkbox"/> .....	<input type="checkbox"/> .....
<input type="checkbox"/> .....	<input type="checkbox"/> .....	<input type="checkbox"/> .....

## WEDNESDAY

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<input type="checkbox"/> .....	<input type="checkbox"/> .....	<input type="checkbox"/> .....
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<input type="checkbox"/> .....	<input type="checkbox"/> .....	<input type="checkbox"/> .....

## THURSDAY

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## FRIDAY

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## SATURDAY

<input type="checkbox"/> .....	<input type="checkbox"/> .....	<input type="checkbox"/> .....
<input type="checkbox"/> .....	<input type="checkbox"/> .....	<input type="checkbox"/> .....
<input type="checkbox"/> .....	<input type="checkbox"/> .....	<input type="checkbox"/> .....
<input type="checkbox"/> .....	<input type="checkbox"/> .....	<input type="checkbox"/> .....



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