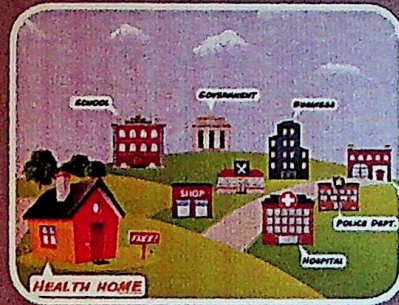
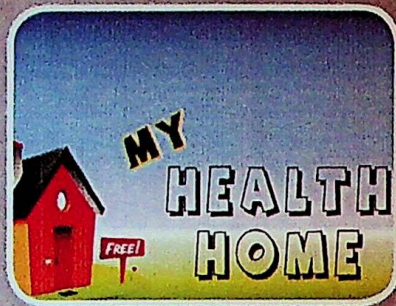


Can I Get a Witness?



A Personal Wellness Contract

My Personal Wellness Contract

Name:

Start Date:

Completion Date:

I, _____, have completed My Wellness Plan and will accomplish the following Wellness Goals by ____/____/____.
Insert Your Name Here Insert Date Here

My Wellness Goals include:

I, _____, have asked the following Health Partners for assistance accomplishing the above named Wellness Goals by
Insert Your Name Here
the date listed above and I have shared this contract with each of them.

Health Partners:

_____	_____
_____	_____
_____	_____

Sign Here

Date

Witness Signature Here

Date