

MidMichigan Health Health Leadership Award

Application Form

Business/Organization Name: _____

Contact Person: _____

Contact Information: _____

How many employees does the business have? _____

In the past 12 months the nominated business/organization has made available or provided the following for employees:

Employee Assistance Program (EAP)

Ergonomically friendly workplace

Weight loss program

First Aid/CPR

Flu shots

Health and Safety programs

Other - Please describe:

Lifestyles Screening

Nutrition program

Participation in Aliferis Run/Bike Race

Smoke-free workplace

Smoking cessation program

Exercise Program/Health Club membership

Submit application to: MidMichigan Health Foundation, 1501 W. Chisholm Street, Alpena, MI 49707 or email to ann.diamond@midmichigan.org.



MidMichigan Health
UNIVERSITY OF MICHIGAN HEALTH SYSTEM