



**City of Glasgow  
2012 Wellness Program**

**8 Week Biggest Loser Program**

- ⇒ Initial weigh in will be February 1-3 at the following locations
  - \* Glasgow Recreation Department (Natasha will witness your weight)
  - \* Glasgow Fire Department Station #1 (Polly will witness your weight)
  - \* For those on 2nd and 3rd shifts who are not able to weigh between 7:30 am and 4:30 pm, you may have the shift commander on duty at the Fire Station # 1 witness your weight. This location is open 24 hours.
- ⇒ Determine your Healthy Weight Loss Goal
  - \* Calculate your BMI from the chart included with this packet.
  - \* Strive for a 1-2 point reduction in your BMI.
  - \* Write your current weight, BMI, and 8 week goal on the Initial Weight Form
  - \* If your BMI is currently in the healthy range (between 19 and 25), your goal may be to simply maintain your weight.
- ⇒ Mid-term weigh in will be March 1-2
- ⇒ Final weigh in will be March 29-30

**INCENTIVES**

**All incentives are based on total percent weight lost**

- ◆ All participants who complete the requirements of the program will receive one (1) point towards their wellness program.
- ◆ The top three “Biggest Losers” will receive two (2) additional wellness points!

*If it is unreasonably difficult due to a medical condition for you to achieve the standards for the reward under this program, e-mail Well-Score at Peel and Holland at [wellness@peelholland.com](mailto:wellness@peelholland.com) or call (270) 527-6135 and we will work with you to develop another way to qualify for the reward.*



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Initial Weight Form

Initial Weigh in must be between February 1st and February 3rd

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

Date: \_\_\_\_\_

Department: \_\_\_\_\_

Initial Weight: \_\_\_\_\_

Height: \_\_\_\_\_

Calculated BMI: \_\_\_\_\_

Healthy Weight Loss Goal\*: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

*\*Remember, a healthy weight loss is 1-2 lbs/week. Strive for a 1-2 point decrease in your BMI over this period. If you are in a healthy BMI range and do not wish to lose weight, your goal may be to maintain your weight through the program.*

Please fax this form to Kathy at Well-Score  
by 5:00 pm on Friday, February 3 in order to be eligible  
for incentives and program credit.

Secure Fax: (866) 734-3250

# Body Mass Index (BMI) Charts



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## Body Mass Index (BMI) Table for Adults

Obese (>30)
Overweight (25-30)
Normal (18.5-25)
Underweight (<18.5)

WEIGHT	HEIGHT in feet/inches and centimeters																					
	4'8"	4'9"	4'10"	4'11"	5'0"	5'1"	5'2"	5'3"	5'4"	5'5"	5'6"	5'7"	5'8"	5'9"	5'10"	5'11"	6'0"	6'1"	6'2"	6'3"	6'4"	6'5"
lbs (kg)	142cm	147	150	152	155	157	160	163	165	168	170	173	175	178	180	183	185	188	191	193	196	
<b>260 (117.9)</b>	58	56	54	53	51	49	48	46	45	43	42	41	40	38	37	36	35	34	33	32	32	31
255 (115.7)	57	55	53	51	50	48	47	45	44	42	41	40	39	38	37	36	35	34	33	32	31	30
<b>250 (113.4)</b>	56	54	52	50	49	47	46	44	43	42	40	39	38	37	36	35	34	33	32	31	30	30
245 (111.1)	55	53	51	49	48	46	45	43	42	41	40	38	37	36	35	34	33	32	31	31	30	29
<b>240 (108.9)</b>	54	52	50	48	47	45	44	43	41	40	39	38	36	35	34	33	33	32	31	30	29	28
235 (106.6)	53	51	49	47	46	44	43	42	40	39	38	37	36	35	34	33	32	31	30	29	29	28
<b>230 (104.3)</b>	52	50	48	46	45	43	42	41	39	38	37	36	35	34	33	32	31	30	30	29	28	27
225 (102.1)	50	49	47	45	44	43	41	40	39	37	36	35	34	33	32	31	31	30	29	28	27	27
<b>220 (99.8)</b>	49	48	46	44	43	42	40	39	38	37	36	34	33	32	32	31	30	29	28	27	27	26
215 (97.5)	48	47	45	43	42	41	39	38	37	36	35	34	33	32	31	30	29	28	28	27	26	25
<b>210 (95.3)</b>	47	45	44	42	41	40	38	37	36	35	34	33	32	31	30	29	28	28	27	26	26	25
205 (93.0)	46	44	43	41	40	39	37	36	35	34	33	32	31	30	29	29	28	27	26	26	25	24
<b>200 (90.7)</b>	45	43	42	40	39	38	37	35	34	33	32	31	30	30	29	28	27	26	26	25	24	24
195 (88.5)	44	42	41	39	38	37	36	35	33	32	31	31	30	29	28	27	26	26	25	24	24	23
<b>190 (86.2)</b>	43	41	40	38	37	36	35	34	33	32	31	30	29	28	27	26	26	25	24	24	23	23
185 (83.9)	41	40	39	37	36	35	34	33	32	31	30	29	28	27	27	26	25	24	24	23	23	22
<b>180 (81.6)</b>	40	39	38	36	35	34	33	32	31	30	29	28	27	27	26	25	24	24	23	22	22	21
175 (79.4)	39	38	37	35	34	33	32	31	30	29	28	27	27	26	25	24	24	23	22	22	21	21
<b>170 (77.1)</b>	38	37	36	34	33	32	31	30	29	28	27	27	26	25	24	24	23	22	22	21	21	20
165 (74.8)	37	36	34	33	32	31	30	29	28	27	27	26	25	24	24	23	22	22	21	21	20	20
<b>160 (72.6)</b>	36	35	33	32	31	30	29	28	27	27	26	25	24	24	23	22	22	21	21	20	19	19
155 (70.3)	35	34	32	31	30	29	28	27	27	26	25	24	24	23	22	22	21	20	20	19	19	18
<b>150 (68.0)</b>	34	32	31	30	29	28	27	27	26	25	24	23	23	22	22	21	20	20	19	19	18	18
145 (65.8)	33	31	30	29	28	27	27	26	25	24	23	23	22	21	21	20	20	19	19	18	18	17
<b>140 (63.5)</b>	31	30	29	28	27	26	26	25	24	23	23	22	21	21	20	20	19	18	18	17	17	17
135 (61.2)	30	29	28	27	26	26	25	24	23	22	22	21	21	20	19	19	18	18	17	17	16	16
<b>130 (59.0)</b>	29	28	27	26	25	25	24	23	22	22	21	20	20	19	19	18	18	17	17	16	16	15
125 (56.7)	28	27	26	25	24	24	23	22	21	21	20	20	19	18	18	17	17	16	16	15	15	15
<b>120 (54.4)</b>	27	26	25	24	23	23	22	21	21	20	19	19	18	18	17	17	16	16	15	15	15	14
115 (52.2)	26	25	24	23	22	22	21	20	20	19	19	18	17	17	16	16	16	15	15	14	14	14
<b>110 (49.9)</b>	25	24	23	22	21	21	20	19	19	18	18	17	17	16	16	15	15	15	14	14	13	13
105 (47.6)	24	23	22	21	21	20	19	19	18	17	17	16	16	16	15	15	14	14	13	13	13	12
<b>100 (45.4)</b>	22	22	21	20	20	19	18	18	17	17	16	16	15	15	14	14	14	13	13	12	12	12
95 (43.1)	21	21	20	19	19	18	17	17	16	16	15	15	14	14	14	13	13	13	12	12	12	11
<b>90 (40.8)</b>	20	19	19	18	18	17	16	16	15	15	15	14	14	13	13	13	12	12	11	11	11	10
85 (38.6)	19	18	18	17	17	16	16	15	15	14	14	13	13	13	12	12	12	11	11	11	10	10
<b>80 (36.3)</b>	18	17	17	16	16	15	15	14	14	13	13	13	12	12	11	11	11	11	10	10	10	9

Note: BMI values rounded to the nearest whole number. BMI categories based on CDC (Centers for Disease Control and Prevention) criteria.  
 BMI = Weight[kg] / ( Height[m] x Height[m] ) = 703 x Weight[lb] / ( Height[in] x Height[in] ) © 2009 Vertex42 LLC



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Mid-Term Weight Form

Mid-Term Weigh in must be between March 1st and 2nd.

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

Date: \_\_\_\_\_

Department: \_\_\_\_\_

Weight: \_\_\_\_\_

Height: \_\_\_\_\_

Calculated BMI: \_\_\_\_\_

Progress towards Healthy Weight Loss Goal\*: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

*\*Remember, a healthy weight loss is 1-2 lbs/week. Strive for a 1-2 point decrease in your BMI over this period. If you are in a healthy BMI range and do not wish to lose weight, your goal may be to maintain your weight through the program.*

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Friday, March 2nd in order to be  
eligible for incentives and program credit.

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Final Weight Form

Final Weigh in must be between March 29th and 30th.

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

Date: \_\_\_\_\_

Department: \_\_\_\_\_

Weight: \_\_\_\_\_

Height: \_\_\_\_\_

Calculated BMI: \_\_\_\_\_

Did you achieve your Healthy Weight Loss Goal\*: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Please fax this form to Kathy at Well-Score by 5:00 pm  
Friday, March 30th in order to be eligible  
for incentives and program credit.

Fax: (866) 734-3250