Nominate a YP4H Champion

Insire others by sharing your health and wellness success! Tell us how YP4H programs have helped you or someone you know achieve a health and wellness goal. Please fill out the form below to nominate a YP4H Champion. If you’re nominating someone other than yourself, please complete the nominator information at the bottom.

YP4H Champion Information:

First Name: ___________________________ Last Name: ___________________________

Department/Unit: ___________________________________________________________________________

Phone: ___________________________ E-mail: ___________________________

What is your health focus? (select all that apply)

___ Diabetes ___ Cardiovascular ___ Chronic Obstructive Pulmonary Disease (COPD)
___ Hypertension ___ Nutrition ___ Other: ________________________________
___ Prevention ___ Physical Activity ___ Stress Relief
___ Tobacco Cessation ___ Weight Management

What YP4H programs have you participated in? (select all that apply)

___ Biometric Health Screening ___ Care Coordination ___ Educational Programming
___ Employee Assistance Program ___ Health Coaching ___ Health and Wellness Challenges
___ Health and Wellness Challenges ___ Personal Health and Well-Being Assessment (PHA)
___ 24/7 NurseLine

Where are you in your health journey? (select one)

___ Early Stages ___ In Process ___ Reached Goal

Briefly describe your health and wellness journey:

Your information, if you’re nominating someone else:

First Name: ___________________________ Last Name: ___________________________

Department/Unit: ___________________________________________________________________________

Phone: ___________________________ E-mail: ___________________________

Have you informed the nominee of your nomination?

___ Yes ___ No

Submit form to:
E-mail: yp4h@hr.osu.edu
Fax: (614) 292-7813
Mail: Office of Human Resources, 1590 N. High St., Suite 300, Columbus, OH 43201