



wellness@work

Network Registration

Complete this form and return by fax to 807-623-2369 or mail to:

Thunder Bay District Health Unit,
999 Balmoral Street, Thunder Bay, ON. P7B 6E7
Attn: Sue Armstrong

Date: _____

Company Name: _____ Address: _____

What type of work does your business include:

- Agriculture Manufacturing/Industry Construction Wholesale/Retail
- Hotels/Restaurants Business Office Health/Educational/Social Services
- Other (please specify): _____

Wellness@Work Champion (contact person)

Name: _____ Phone: _____ Fax: _____

E-mail: _____

Alternate Contact

Name: _____ Phone: _____ Fax: _____

E-mail: _____

Workplace Profile

of Employees _____ # of Full Time Workers _____ Age Range _____ # of PT/Casual Workers _____

Predominant Occupations _____

Outdoor Workers _____ Shiftwork _____ Driving for work _____

May we have permission to share your health promotion activities with other network members, the wellness@work website or newsletter?

- Yes
- No

Thank you,

