

Unwellness Check Form

Please complete and submit to the administrative offices daily

Name:

12 Digit Citizen ID:

How are you feeling today? (Check ONLY one)

Great

Good

Neutral

Bad

Terrible

Suicidal

Please sign to confirm the submitted information:

Name: _____

Date: _____

By signing, you agree that all submitted information is correct and that there are no fraudulent claims. Failure to abide by these guidelines will result in various possible forms of punishment. These punishments include a) reduced food rations, b) assassination, and c) jail time. All information submitted onto this form will be certified by a government employee. Please do not try to lie to us, as there is no escape. An unwellness check answer of "Great" will result in an immediate reduction in sleep hours.

For Administrative use only beyond this point

Please sign to certify that all application information is correct:

Name: _____

Date: _____

By signing here, you, an administrator, confirm that the information entered by the citizen into this form is correct. Failure to complete this step will result in punishment. If the administrator who signs this is caught conspiring with the citizen who completed the form, then they will both receive punishment, the type of which will be decided by the Council.

If the information on this form is found to be incorrect, instead of signing, please surrender the form to the nearest disciplinary office.

DO NOT create unauthorized copies of this form. For authorization, please speak to the Council. Anyone caught with unauthorized copies of this form will be punished to the highest degree.

Form Code: X3BY7