Bioelectrical Impedance Analysis for Body Composition

First Name	Last Name					Middle Initial			
Mailing Address			Date of Birth Phone				S	ex	
								м	F
City, State, Zip				Email	Che	ck here to j	oin our mailing list!	Age	
Activity Level :	√ery Light Ligh	t Moder	ate He	l eavy 🗌 l	Exceptior	al 🗌		What targ would you achieve?	
For Technician C	Only:								
Date	Time	Record ID		Height	Wei	ght	Resistance	Reactan	ce
Frame Size : Sm	all Medium	Large							
Body Composition							1	Revised 20	10 00 00
	Bioelectric	cal Imped	lance A	nalysis 1	for Bo	ody Co	omposition		
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Mailing Address			Date of Birth Phone					S	ex
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City, State, Zip				Email	Che	ck here to j	oin our mailing list!	Age	
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For Technician C	<u>only</u> :							•	
Date	Date Time Record ID			Height	Wei	ght	Resistance	Reactano	ce
Frame Size : Sm	all Medium	Large		1			<u> </u>	!	

Body Composition Form Revised 2018-08-09

Bioelectrical Impedance Analysis for Body Composition

Му	signature below indicates that I agree to the following:							
	(Check off each box before signing this form. Ask questions on any item you do not understand.)							
	I understand that I will receive a report to share and discuss with my physician or health care provider.							
	I am NOT pregnant.							
	I do not have a pacemaker, defibrillator, medication pump, or other implanted med	dical electronic device.						
	I have notified the Technician of a metal joint replacement or metal rod/pin implan	ts of any kind.						
	I release the Technician from any liability of any kind.							
	I have removed any metal jewelry, magnetic objects and therapeutic magnets.							
	I have removed the shoe, sock, or stocking from my right foot and ankle (OR left sid	le, if directed by Technician).						
Sign	nature	Date						
	Bioelectrical Impedance Analysis for Body Comp	oosition						
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