

Bioelectrical Impedance Analysis for Body Composition

First Name		Last Name			Middle Initial
Mailing Address		Date of Birth	Phone		Sex M F
City, State, Zip		Email <input type="checkbox"/> <i>Check here to join our mailing list!</i>			Age
Activity Level : Very Light <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy <input type="checkbox"/> Exceptional <input type="checkbox"/>					What target weight would you like to achieve?

For Technician Only:

Date	Time	Record ID	Height	Weight	Resistance	Reactance
Frame Size : Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/>						

Body Composition Form

Revised 2018-08-09

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My 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 medical electronic device.
- I have notified the Technician of a metal joint replacement or metal rod/pin implants 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 side, if directed by Technician).

Signature _____

Date _____

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