

Has anyone in your immediate family passed away before 55 due to heart disease?

Are you a current smoker OR have you quit in the past 6months?

Do you participate in 30minutes of activity, 3x/week (for the past 3months)?

Have you been diagnosed with high cholesterol or prediabetes?

MEDICATIONS

Please list all medications (including over the counter vitamins or supplements) that you are currently taking:

Medication	Amount/Dose	Taken for

I have reviewed these questions and answered them to the best of my ability. I understand materials will be reviewed and I may be asked to see my doctor before participating in activities.

Date of birth: _____ Age: _____

Signature: _____

Print name: _____