

What is your height?

feet

⚠️ Required field.

inches

⚠️ Required field.

What is your weight?

pounds

⚠️ Required field.

In the past 3 months have you had or been recommended to have diagnostic testing (**EXCLUDING** those done for routine screening, or orthopedic/bone or joint evaluation)?

Yes

No

In the past 12 months, have you used any type of nicotine, tobacco, or smoking cessation products?

Yes

No

In the past 5 years, have you pleaded guilty to or been convicted of driving while impaired, reckless driving, or is your license currently suspended or revoked?

Yes

No

In the past 10 years, have you pleaded guilty to or been convicted of a felony, or are currently on probation, parole, or have pending felony charges?

Yes

No

Within the past 10 years, have you been diagnosed, treated, or given medical advice from a member of the medical profession for:

a. Cancer, leukemia, lymphoma, melanoma, brain tumor, or any malignant tumor (**EXCLUDING** basal cell or squamous cell carcinoma of the skin)? ⓘ

Yes

No

b. Coronary artery or heart disease, heart attack, angina, congestive heart failure, enlarged heart, heart surgery, pulmonary embolism (within the last 6 months), peripheral vascular disease or carotid artery disease, or use of a pacemaker or defibrillator?

Yes

No

c. Cirrhosis, Liver disease or disorder (**EXCLUDING** Hepatitis A, B or C)? ⓘ

Yes

No

d. Kidney disease or disorder (**EXCLUDING** kidney stones, cysts or infections)? ⓘ

Yes

No

e. Organ transplant recipient, Crohn's disease or Ulcerative Colitis (if hospitalized or diagnosed in the past 6 months), Pancreatitis, or Lupus/SLE, or Scleroderma?

Yes

No

f. Respiratory or Lung disease or disorder (**EXCLUDING** asthma, allergies or treated sleep apnea)? ⓘ

Yes

No

g. Diabetes or High Blood sugar?

Yes

No

h. Schizophrenia, personality disorders, attempted suicide or have you been hospitalized within the last 5 years for any mental health disorder or disease?

Yes

No

i. Multiple sclerosis, dementia, cognitive impairment, Parkinson's, ALS/Lou Gehrig's, paralysis, muscular dystrophy, stroke/TIA (mini stroke), or other neurological disease or brain disorder (**EXCLUDING** seizures)? ⓘ

Yes

No

In the past 10 years, have you:

a. Been advised to, or received treatment or counseling by a member of

Yes

prescribed or prescribed drugs, or have you participated in a support group for alcohol or drug use?  No

b. Used, or tested positive by a member of the medical profession for cocaine, heroin, non-prescribed amphetamines or hallucinogens?  Yes  
 No

Within the last 10 years, have you been diagnosed or treated by a member of the medical profession for Acquired Immune Deficiency Syndrome (AIDS)?  Yes  
 No

Are you permanently disabled, receiving disability benefits (including social security benefits), or currently confined to a hospital or assisted living facility?  Yes  
 No

Has a natural parent or sibling ever been diagnosed or treated by a member of the medical profession for Huntington's disease or Polycystic Kidney disease?  Yes  
 No