

## PERSONAL CONSULTATION - BMI / BFT RESULTS

Do you have medical implants (pacemakers) or other electronic medical devices, heart disease, or are pregnant?

|                             |  |
|-----------------------------|--|
| <b>Name</b>                 |  |
| <b>Telephone number</b>     |  |
| <b>E-mail</b>               |  |
| <b>Good time to contact</b> |  |

|                    |  |                      |  |
|--------------------|--|----------------------|--|
| <b>Height (Cm)</b> |  | <b>Age</b>           |  |
| <b>Weight (Kg)</b> |  | <b>Male / Female</b> |  |

| <b>RESULTS</b>  |  |     |        |      |          |
|-----------------|--|-----|--------|------|----------|
| <b>Body fat</b> |  | Low | Normal | High | Too high |
| <b>BMI</b>      |  | Low | Normal | High | Too high |

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