2014 Health Check

To compete for prizes, measurements must be recorded at the beginning and end of the walking program. Return this form at the end of the program with Program Evaluation Form and Walking Journal.

Thank You.

Name: _____

	Beginning Measurement	Ending Measurement
Weight:		
Upper Arm Circumference:		
Chest Circumference:		
Waist Circumference:		
Hip Circumference:		
Thigh Circumference:		

Questions? call :308-345-4223 or email: info@swhealth.ne.gov.