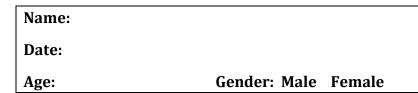
Personal Screening Results

Functional Nutrition Evaluation





Station 1

Screening Room

Height Waist

Hip Weight

BMI WHR

Blood Pressure:

Right Arm

Left Arm

Bioimpedance Analysis

BIA Raw Data

Xc

Ζ PhA

Full report printed separately

Peripheral Oxygen Saturation

O2 Sat% Pulse

Station 2

Station 3

Peripheral Sensation

Vibration Sense- Monofilament +-

Left Hand: Absent/Less/Normal + -

Left Foot: Absent/Less/Normal + -

Right Hand: Absent/Less/Normal + -

Right Foot: Absent/Less/Normal + -

Reflexes: RUE, LUE, LLE, RLE NI:

Abnormal:

Get up and Go: NI<10s AbnI>10s

Peak Flow (PK)

Height:

Predicted cc:

PF cc Max:

% Predicted:

Wheezing: Yes No

Suggest Follow up PFT Yes No

Station 4

Smell/Taste

Class Room Activity

Pocket Smell Test

Smells:

Y/N Y/N Y/N

Total Yes ____ of 6 (Y=1 and N=0)

Alcohol Sniff Test

9-17 >17 cm

Examination of the Mouth

1: TMJ

5: Buccal

2: Lips

6: Gums

3: Palate

7: Teeth

4: Tongue

8: Chew/ Swallow

pH <6.8 >6.8 Taste: Bitter Y N

Mouth

Skin

Temperature:

Texture:

Color:

Hydration:

Lesions:

Abnormal Hair Distribution:

Shape:

Color & Pattern:

Texture & Strength:

Growth Pattern:

Surrounding Tissue:

Nails