

**Height:­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_inches**

**Weight:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_lbs**

**Blood Pressure(If known):\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_mmHg**

**Smoking Status:**

**€ Never Smoked**

 **€ Former Smoker. When did you stop smoking? \_\_\_\_\_\_\_\_\_\_\_\_yrs.**

 **€ Current Smoker. Amount per day?:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **How long have you smoked?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_yrs.**

 **€ Smokeless Tobacco User**

* A summary of your exam will be emailed to you within 3 business days.

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Printed Name Date