



Member and Spouse Information:

Member Name, Date of Birth, Spouse Name, Date of Birth, Height, Weight

Qualification Questions: (Please complete all questions for yourself and your spouse.)

1. Do you currently use a wheelchair... 2. Have you been treated for Parkinson's Disease... In the past three years, have you... 3. Been hospitalized? 4. Had a stroke? 5. Non-gastric bypass surgery? 6. An angioplasty? 7. Been diagnosed or treated for cancer? 8. Have you used any tobacco products... 9. Are you a diabetic? 10. Do you have high blood pressure? 11. Do you have high cholesterol? 12. Please list all medications... 13. Do you have any medical condition...

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