

**GENTLEMEN START YOUR ENGINES CONSENT FORM**  
**SATURDAY, SEPTEMBER 11, 2010**

**PLEASE PRINT**

PARTICIPANT'S NAME: \_\_\_\_\_ TEL.# \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

I GIVE MY PERMISSION FOR THE FOLLOWING SCREENING TESTS. THE RESULTS WILL BE MAILED TO MY HOME. BY MY SIGNATURE BELOW, I HEREBY ACKNOWLEDGE RECEIPT OF THE NOTICE OF PRIVACY PRACTICES INFORMATION.

SIGNATURE: \_\_\_\_\_

\*\*\*\*\* DO NOT WRITE BELOW THIS LINE \*\*\*\*\*

**FRAME INSPECTION**

WEIGHT (LBS): \_\_\_\_\_ HEIGHT: \_\_\_\_\_ BMI: \_\_\_\_\_ AGE: \_\_\_\_\_ BODY FAT COMP: \_\_\_\_\_

**VALVE PRESSURE**

BLOOD PRESSURE: \_\_\_\_\_ NORMAL (< 140systolic, < 90diastolic) ABNORMAL

**HORSE POWER**

GRIP STRENGTH: RIGHT \_\_\_\_\_ LEFT \_\_\_\_\_

**VINTAGE**

REAL BODY AGE: \_\_\_\_\_ (To have it assessed, all of the metrics above must be completed first.)

**AIR FILTER CHECK**

PFT (PULMONARY FUNCTION TEST)

**OIL INSPECTION**

LIPID PROFILE (CHOLESTEROL CHECK)

**RADIATOR CHECK**

TSH (THYROID FUNCTION)

**SUGAR IN YOUR TANK**

BLOOD SUGAR (DIABETES SCREEN)

**SPARK PLUGS**

PSA BLOOD TEST (PROSTATE CANCER SCREEN)

**TRANSMISSION CHECK**

CBC (COMPLETE BLOOD COUNT)



PLEASE NOTE: THIS IS *ONLY* A SCREENING PROGRAM TO POSSIBLY IDENTIFY A POTENTIAL HEALTH PROBLEM. THIS IS NOT A DIAGNOSTIC STUDY AND SHOULD NOT REPLACE A REGULAR CHECK UP WITH YOUR PHYSICIAN. IF YOUR SCREENING IS NOT WITHIN NORMAL LIMITS, IT IS YOUR RESPONSIBILITY TO SEEK FURTHER EVALUATION AND/OR TREATMENT. PLEASE SEE YOUR DOCTOR OR TELEPHONE: 850 864-0213 FOR A REFERRAL TO A PHYSICIAN.