

Collect and save these measurements to enter in the **Mayo Clinic Health Assessment** on

www.ornlwellness.com

Height: _____

Weight: _____

Waist Circumference: _____

Body Fat %: _____

Blood Pressure

Systolic: _____

Diastolic: _____

Blood Sugar: _____

Fasting: Yes No

Cholesterol Total: _____

HDL: _____

LDL: _____

Fasting Triglycerides: _____