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Step 2-3

Please provide some health background

Sex

☐ Male☐ Female

Your Date of Birth

Please rate your health.

☐ Excellent☐ Good☐ Ok

Do you use any tobacco or nicotine products?

☐ Yes☐ No[Next](#)

How to rate your health

Excellent

- Healthy Weight/BMI
- No Medical Conditions
- No Medications

Good

- Normal Weight
- Minor pre-existing Medical Conditions
- Controlled minor medical conditions (HBP/Cholesterol)

OK

- Overweight
- Diabetes
- Uncontrolled HBP/Cholesterol