



Cooper Health: Physician or Gym Weigh-In

To participate in the Strive for Your Optimal Weight 8-Week Challenge and be eligible for the Grand Prize, you must weigh in at your Gym or Fitness Center and have this form signed by a Manager OR weigh in at your Physician's office and have the form signed by a nurse or physician. This form is only required if you are unable to attend your on-site weigh-in.

YOU MUST FAX THE COMPLETED FORM TO: (212) 202-4907 or email to strive@well-concepts.com within 5 business days of the on-site weigh-in date

Employee Name: _____

Email address (or email used to register for the program): _____

Today's Date: _____ Weight: _____ Height: _____

Gym Name: _____

Gym Address: _____

Manager's Name (Print & Signature): _____

Physician's Office: _____

Physician's Address: _____

Physician/Nurse's Name (Print & Signature): _____
