## **MCCS Health Promotion Wellness Request Form**

## Information

Full name, rank				
Phone				
Email				
USMC Base Location				
Please select one that	best applies			
$\square$ AD USMC	$\square$ AD USN	$\square$ AD USAF	$\square$ AD Army	
$\square$ dod civ	$\square$ MCCS	$\square$ SOFA	☐ IHA/MLC	
Available service (Plea	ase check all that ap	oply)		
☐ Body Fat % Assessment (Inbody)		☐ Return 2 Readir	ess class(es)	
☐ Nutrition Counseling			*Individual classes on nutrition, metabolism, exercise, stress management and Emotional	
☐ Tobacco Cessation		eating (AD ONLY)		
*Tobacco cessation and counseling depending				
☐ Inbody Result Co	ounseling			
weight, negatively e 2. <b>Avoid</b> any stimulant testing. (stimulants test results) 3. <b>Avoid</b> exercise 3 ho	rs before testing. (und effecting test results) ts such as caffeine, alc will cause dehydratio	igested food may count ohol, or tobacco 3 hour n in the muscles, negati tercise can change the c	s before vely effecting	
	need email confirm	nation of your appoin	tment?	
Does your leadership  ☐ Yes ☐ no  If yes, provide email:				