



Affix Subject Barcode

BC GENERATIONS PROJECT VISIT CHECKLIST

Appointment Date/Time _____ Walk-In

STATION COMPLETION CHECKLIST

- 1. Registration and Consent:** Staff Initials _____
- 2. Physical Assessment:** Staff Initials _____
- 3. Lab** (Please circle one): LifeLabs Req Refused

Comments:

BASELINE MEASUREMENTS Contraindications Summary

Measurement	Result	
Blood Pressure (BP) & Heart Rate (HR)	1 st BP:	2 nd BP:
	1 st HR:	2 nd HR:
Waist Circumference (in cm)		
Hip Circumference (in cm)		
Sitting Height (in cm)		
Standing Height (in cm)		
Body Composition	<input type="checkbox"/> Attach Tanita printout	
Heel Bone Density	<input type="checkbox"/> Attach Achilles printout	
Grip Strength	Left:	Right:

DOCUMENTATION CHECKLIST

Assessment Centre	Participant
<input type="checkbox"/> Consent Signature Page (Green)	<input type="checkbox"/> Consent Form (White)
<input type="checkbox"/> Contact Information Form	<input type="checkbox"/> Report of Baseline Measurements
<input type="checkbox"/> Core Questionnaire	<input type="checkbox"/> Laboratory Requisition

Contraindications Summary Checklist

Measurement	Contraindicated? (Yes or No)	Side of Body? (Left, Right, or Both)
Standing Height		
Sitting Height		
Weight and Bioimpedence		
Waist and Hip Circumference		
Blood Pressure and Heart Rate		
Grip Strength		
Bone Density		
Blood Sample		
Urine Sample		

1. Do you regard yourself as being left or right-handed, or ambidextrous?

Left Right Ambidextrous

2. Are you pregnant? (*Ask if Female*)

Yes No Don't know

3. In what week are you?

Weeks Don't know