HEALTH@
YOUR DOOR

Program Participant Disclaimer

I certify that I have acknowledged the following: this health program provides only general medical information. As such, information provided to participants is only for educational/ entertainment purposes and should not be construed as medical advice.

Please consult with a qualified healthcare practitioner for further interpretation of any lifestyle/ screening results and if you believe you may be suffering from an actual medical condition.

_____/_____

Printed Name DOB

_____/_____

Signature DATE