



I am currently participating in “The Biggest Loser” Challenge with Bennett International Group, LLC. I am asked to provide my initial weight and final weight on this form. In order to maintain the integrity of the challenge, these are both required to be assessed by a professional. Some examples include: a gym, doctor’s office, Weight Watchers (if you are already a member), the health department, or fire department.

Please record my weight below and provide the name of this establishment as well as your initials. Thank you!

Name of Participant: \_\_\_\_\_

Initial Weight on January 15<sup>th</sup>, 2018: \_\_\_\_\_

Weighed in by: \_\_\_\_\_(company)

Assessor’s Name: \_\_\_\_\_

Assessor’s Signature: \_\_\_\_\_

Final Weight on March 12<sup>th</sup>, 2018: \_\_\_\_\_

Weighed in by: \_\_\_\_\_(company)

Assessor’s Name: \_\_\_\_\_

Assessor’s Signature: \_\_\_\_\_

Participant: After each weigh in, please either:

- Fax this form to OnSite Health Solutions (OHS) at 1-502-426-1177
- Or email it to OHS: [brittany@healthyworksite.com](mailto:brittany@healthyworksite.com)

If you have any questions, please call OHS at 1-800-716-5051 and talk to Brittany.

\*All information will be kept confidential\*