



GET WELL BAHAMAS is a one-of-a-kind opportunity for 40 persons to improve their health by receiving **FREE OF CHARGE**:

- 12 weeks of health and wellness coaching with focus on behaviour modification and proper nutrition
- 12 weeks of personal fitness training 3x per week including a 3 month gym membership
- Initial health screening and health risk assessment and monitoring/screening during the 3 month period

ELIGIBILITY REQUIREMENTS:

- Applicants must be Bahamian citizens & residents of New Providence from the ages of 18 to 65 years
- Applicants must have a body mass index of more than 30 and have one or more of the following lifestyle conditions: obesity, hypertension, high cholesterol, diabetes or ischaemic heart disease.
- Applicants must be committed to complete the entire 12 week programme and all of its requirements. Official programme ends on April 23. However, 4 weeks of wellness-monitoring follows, until May 14 when Challenge winners will be announced.
- Applicants must be available for Saturday morning workouts at 6am
- Applicants must have their own transportation and be present at all required meetings and appointments
- Applicants must be willing to appear in all publicity for the Get Well Bahamas Challenge, including but not limited to television appearances and interviews, photography, print and radio interviews.
- Employees of The National Insurance Board, Body Zone Fitness, Jemi Health & Wellness, and The Counsellors Limited are not eligible to participate.

Name: _____ **Sex:** M F

Date of Birth: DD MM YYYY _____ **Age:** _____ **Height:** _____ **Weight:** _____

Telephone Contacts: (Home) _____ **(Wk)** _____

(Cell) _____ **Email Address:** _____

Street Address: _____

NIB # _____ **PASSPORT #** _____

BACKGROUND INFORMATION

Do you have any of the following conditions:

- | | | |
|-------------------------------|------------------------------|-----------------------------|
| 1. Diabetes | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Hypertension | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. High Cholesterol | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Heart Disease | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Spinal Conditions | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Do you currently exercise? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If yes, what kind(s) of exercise do you do? Please specify _____

How many times do you exercise per week? 0 1-2 3-4 5-7

How would you rate your current level of physical fitness: Excellent Very Good Fair Poor

Have you ever had or do you currently suffer from?

- | | | |
|--------------------------|------------------------------|-----------------------------|
| 1. Heart attack | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Chest Pain | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Stroke | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Fainting Spells | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Any physical Injuries | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If you have a physical injury, please specify the nature of the injury: _____

Are you on any medications? Yes No

If yes, please specify medications: _____

- | | | |
|--|------------------------------|-----------------------------|
| Do you have your own transportation? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Are you available on Saturdays and weekends? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Are you willing to appear on TV? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Are you willing to sign an NIB Liability Waiver form? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If your answer is no please state why: _____

Why should you be selected to participate in the Get Well Bahamas Health & Fitness Challenge?

You may use a separate sheet of paper to answer this question if you choose.

I verify that the information I have provided above is true and accurate.

Applicant Signature

Date

APPLICATION SUBMISSION DEADLINE:

Please return this application form along with a full body length photo of yourself to: **The Counsellors Ltd. Marketing Firm, First Terrace Centreville before 5 p.m., Friday, January 20th, 2012.** All documents submitted with application form including the photo are the property of NIB.

Address submissions to: **GET WELL BAHAMAS
c/o The Counsellors Ltd.,
Nassau, Bahamas**

SELECTION PROCESS

Participants will be selected by Jemi Health & Wellness and Body Zone Fitness. Personal interviews will be conducted with prospective participants before selection of the final 40 participants. NIB will not be responsible for selection of any participants in the Get Well Bahamas Health and Fitness Challenge.

*GET WELL BAHAMAS is funded by the
Healthy People Program of The National Prescription Drug Plan.*

