the		
Men of Color H	CHA Health Awareness	HEALTH CLASS APPLICATION

NAME		DATE
ADDRESS		PHONE
EMAIL	BITH	DATE RACE/ETHNICITY
EMERGENCY CONTACT	NAME	PHONE
1. How did you hear about MOCHA? (check one)		4. What aspect of MOCHA intrest you the most? (check all that apply)
Flyers Community Organization		Personal fitness
MOCHA Mentor (name)		Learning more about health
		Becoming a MOCHA Mentor
2. When was the last ti check-ups?	me you had the following health	
check-ups:	Never Less than Less than one month one year	
a. Blood pressure		
b. Prostate exam		
c. Cholesterol		
d. Eye exam		
e. Colonoscopy		
 What current health (check all that apply) 	concerns do you have?	
Weight	Asthma	
Physical fitness	Alcohol or drug use	
Blood pressure	Nutrition	
Diabetes	Relationship abuse	
Cancer	Stress: mental or emotional	

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Other:
