

East Tennessee State University Supplement Information Form

Are you currently taking any supplements of any kind?

Yes No

If yes please, list below any and all performance enhancing supplements that you are currently taking or have been taking in the past 12 months.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Signature

Date