Thank you for your interest in a Bod Pod Assessment at the NDSU Wellness Center. Please complete and return this form to the Customer Service Desk or email the completed form to ndsu.wc.fitness@ndsu.edu prior to your appointment.

The BOD POD Gold Standard Body Composition Tracking System is an air displacement plethysmograph which uses whole-body densitometry to determine body composition. A full test requires only about 5 minutes, and provides highly accurate, safe, comfortable, and fast test results including Body Fat %, Total Body Mass and Resting Metabolic Rate.

- For the most accurate Bod Pod results, you must be wearing minimal, form-fitting clothing. For example:
  Thin, fabric shorts, spandex-type swimsuit, single-layer compression shorts, or bike-style shorts (no padding).
  Spandex-type swimsuit (no wire or padding), bike-style shorts and sports bra (no wire or padding), exercise leggings and sports bra, or exercise leggings and tight-fitting shirt.
- You will be provided a swim cap to cover your hair during the assessment (there will be no water used during the assessment. The cap is used to decrease air pockets caused by your hair).
- Get an adequate amount of sleep (6 – 8 hours) the night before your assessment.
- Don’t apply any lotions or skin creams prior.
- Remove glasses and jewelry (if possible) prior.
- Avoid high intensity exercise within 12 hours of the assessment.
- Avoid eating, drinking, and smoking at least 3 hours before the assessment.
- Use the restroom prior to your appointment.
- A certified personal trainer will complete the assessment with you. The trainer will go over your results and answer any questions you may have about your Bod Pod results.
- For more information about the Bod Pod visit: https://www.cosmed.com/en/products/body-composition/bod-pod
To cancel or reschedule your appointment, please call (701) 231-7360 at least 12 hours prior to your appointment. No call, no show appointments will be charged. Bod Pod Assessments expire 6 months after purchase date. There will be no refund given or transfers on unused assessments.

Printed name: ___________________________________________ Date: ____________________

Signature: ________________________________________________

Participant Information (Please print)

First Name: ___________________________________ Last Name: __________________________

DOB: ___________________________ Phone: _________________________________

Email: ________________________________

Membership Type (Circle):   Student   Non Student   Non member

Thank you!