



Address: 150 Adelaide Terrace
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www.Kayaj.com.au

NMN Screening Form

Introduction:

When it comes to consuming NMN (Nicotinamide Mononucleotide), it is important to ensure that they are safe for the individual. This is particularly true when it comes to consumables that are new to the market, while NMN is safe for most individuals to use, there are certain factors that can affect the benefit of this new dietary supplement. To address this concern, KAYAJ seeks to conduct initial screening for each customer to give them an individual intake plan based on their age, weight, as well as their illness history, hence we strongly encourage our distributors to utilise this fit to consumption screening form.

A fit to consumption screening form is a document that is used to determine whether an individual is fit to consume a specific product. It typically contains a series of questions related to the individual's health history, allergies, and other factors that may impact their ability to safely consume the product and maximise its benefit. The information provided on the form is then used to determine whether the individual should be cleared to consume the product or not.

The use of fit to consumption screening forms has become increasingly common in a variety of industries, including food and beverage, pharmaceuticals, and cosmetics. By implementing these forms, KAYAJ can help ensure the safety of our products and minimize the risk of adverse reactions or other health issues.

Please complete the following table carefully and email back the completed form to support@kayaj.com.au

Fit to consumption screening form (*KAYAJ NMN 12000 / 200mg Pharmaceutical grade NMN*)

Instructions: Please complete all sections of this form to the best of your ability. Your responses will be used to determine whether you are fit to consume the product listed above and recommended daily dosage. If you have any questions or concerns, please speak with your healthcare provider before completing this form.

Customer name: _____

Biological age: _____

Current Weight: _____

Section 1: Personal Information

1. Do you have any medical condition that is diagnosed by your health care provider (e.g., diabetes, high blood pressure, food allergies, etc.)

Yes / No (circle one)

If yes, please provide details:



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2. Are you currently taking any medications, supplement, or vitamins?

Yes / No (circle one)

If yes, please list all the medications, supplements, or vitamins:

3. Have you ever had an adverse reaction to a similar product or a product containing similar ingredients?

Yes / No (circle one)

If yes, please provide details:

Section 2: Allergies

4. Do you have any known allergies to food, medication, or other substances?

Yes / No (circle one)

If yes, please list all allergies and the type of reaction you experience:

Section 3: Other Considerations

5. Are you pregnant or breastfeeding?

Yes / No (circle one)



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If yes, please provide details:

6. Do you have any dietary restrictions or preferences?

Yes / No (circle one)

If yes, please provide details:

Section 4: Signature and Date

By signing below, I acknowledge that the information provided on this form is accurate and complete to the best of my knowledge. I understand that the information provided on this form will be used to determine whether I am fit to consume the product listed above.

Signature: _____

Date: _____

Please email the completed form to support@kayaj.com.au