

Blood Pressure/Sugar

If you would like them to come to your location, please fill out the form and submit **to the Occupational Health Department**. We will notify you to confirm an appointment.

Date

Name of

Department

Employee

Work

Phone

Location

Check all that apply:

Blood Pressure

Blood Sugar

Once

Weekly

Both

Bi-Weekly

Monthly

Most convenient time for checks:

Morning

Afternoon

Please fill out, print and send it to **Peggy Benes at peggy.benes@mohican.com**
or Joleen Kroening at joleen.kroening@mohican.com.