

Blood Pressure/Blood 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
Department
Work
Phone

Name of
Employee
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-nsn.gov**