

## 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](mailto:peggy.benes@mohican.com)**  
**or Michelle Rickert at [michelle.rickert@mohican.com](mailto:michelle.rickert@mohican.com).**