

## 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](mailto:peggy.benes@mohican.com)**  
**or Joleen Kroening at [joleen.kroening@mohican.com](mailto:joleen.kroening@mohican.com)**.