International Nurses Unit
Church of God in Christ, Inc.

Blood Pressure/Glucose Check Sheet

___________WOMEN CONVENTION **____________HOLY CONVOCATION**

Initial Screening					Repeat Screening				
DATE/TIME	**CLIENT INITIALS**	**BLOOD PRESSURE**	**BLOOD GLUCOSE**	**NURSE INITIALS**	**DATE/TIME**	**CLIENT INITIALS**	**BLOOD PRESSURE**	**BLOOD GLUCOSE**	**NURSE INITIALS**