



Blood Pressure Form

February 19 2019 – May 3, 2019



Please Fax Affidavit to CCH Wellness: 307-682-5008

Name: _____	Employee / Spouse	
Date of Birth: _____	Employee Location: _____	UMR Member ID #: _____

One of the steps to earn points on your path to a healthier you is to record a blood pressure reading of 120/80 or lower. ***The District will allow the following certified people to measure blood pressure and sign this form: CCSD Wellness Coordinator, CCSD School Nurse, Physician, or other licensed healthcare provider.*** The following list includes the possible ways to have your blood pressure measured to count for the blood draw:

1. **Attend any CCSD blood draw location and obtain a manual blood pressure reading from the CCH Wellness Team.**
2. **Attend a blood draw at the CCH Wellness Clinic between February 19th and May 3rd and obtain a manual blood pressure reading.**
3. **Schedule a time with a CCSD school nurse and obtain a reading with a manual blood pressure cuff.**
4. **Schedule an appointment with your physician or health care provider and obtain a reading with a manual blood pressure cuff.**

Blood Pressure: _____	Date: _____
<i>Certified by:</i>	
Signature: _____	
Print Name Above: _____	



Campbell County Health

WELLNESS