Personal Health Information

Blood type:_____

Height: _____

WEIGHT		BLOOD PRESSURE		PULSE	
DATE	WEIGHT	DATE	SYS/DIAS	DATE	PULSE

CHOLESTEROL & LIPID RATIO				
DATE	HDL	LDL	RATIO	TRIGLYCERIDES

EYE EXAM		DENTAL EXAM	
DATE	RESULTS	DATE	RESULTS

Record results of other recommended screenings and tests here: Electrocardiograms, Colon Screening, Diabetes Blood Glucose, Bone-Density Test, Skin Screening, Thyroid Screening, etc.

RECOMMENDED SCREENINGS & TESTS		
DATE	TEST	RESULTS