My health record

Blood Pressure *Date*			
Result			
Cholesterol Test			
Weight/BMI			
Diabetes (Blood Sugar) Test			
Clinical Breast Exam			
Pelvic Exam and Pap Test			
Mammogram			
Colorectal Cancer Test			
Bone Mineral Density Test			
Dental Visit			
Eye Exam			
Hearing Exam			
Immunizations			
Tetanus/diphtheria (Td)			
Hepatitis A			
Hepatitis B			
Influenza (Flu)			
Pneumococcal Vaccine			
Other			

Vaccine and/or Drug Allergies_____

_____

My health record

Blood Pressure *Date*			
Result			
Cholesterol Test			
Weight/BMI			
Diabetes (Blood Sugar) Test			
Clinical Breast Exam			
Pelvic Exam and Pap Test			
Mammogram			
Colorectal Cancer Test			
Bone Mineral Density Test			
Dental Visit			
Eye Exam			
Hearing Exam			
Immunizations			
Tetanus/diphtheria (Td)			
Hepatitis A			
Hepatitis B			
Influenza (Flu)			
Pneumococcal Vaccine			
Other			

Vaccine and/or Drug Allergies_____

_____