Client Name: _____   Clinic Location: _____

                                                Clinic date & time: _____/_____/_____@_____

HEALTH CLINIC BY APPOINTMENT

CLINIC CODES		
BLP = Blood Pressure Screening	BMI = Body Mass Index	CHO = Cholesterol Screening
DIA = Diabetes Screening	FLS = Flu Shot	TRI = Travel Immunization

Participant Name		Clinic Name (Enter clinic code(s) individual participates in)	Scheduled Time	Comment
Last Name	First Name			

Participant Name		Clinic Name (Enter clinic code(s) individual participates in)	Scheduled Time	Comment
Last Name	First Name			