1. Date of Exam: ______/_____/______ (M/D/Y)

2. Performed By: __________________________________________

3. Contact Type:
   - □ 1 Phone
   - □ 2 Mail
   - □ 3 Visit
   - □ 8 Other

4. Visit Type:
   - □ 1 Screening
   - □ 2 Semi-Annual
   - □ 3 Annual
   - □ 4 Non-routine

5. Resting pulse in 30 sec.: _______ x 2 = _____/min

   6.2. _____/______ Systolic/Diastolic
          Cuff used: ___S   ___Reg   ___L   ___Th
          Side: ___L   ___R

Anthropometric Measures
7. Height: _________ cm
8. Weight: _________ kg
          BMI ___________
9. Waist circumference: (to nearest 0.5 cm) _________ cm
10. Hip circumference: (to nearest 0.5 cm) _________ cm