

HEALTH RECORD

Date					
Height					
Weight					
BMI					
Total Cholesterol					
HDL (Good)					
LDL (Bad)					
Triglycerides					
Blood Sugar					
Blood Pressure					

IMMUNIZATIONS

Date	Tetanus	Pneumovax	Hepatitis-B	Flu	Other

Name:

Phone:

Date of Birth:

Phone:

Allergies:

Clinician:

Medical Conditions:

In case of emergency, please contact:

HEALTH RECORD

for



Springfield
Medical Care Systems, Inc.

Where People Come First

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