

KNOW YOUR NUMBERS

As part of the Michigan 4 x 4, take this card to your doctor so you can measure your success together.



	STARTING	GOAL	CHECKUP PROGRESS
NAME:	DATE:	DATE:	DATE:
AGE:	WEIGHT: BMI:	WEIGHT: BMI:	WEIGHT: BMI:
HEIGHT:	BLOOD PRESSURE:	BLOOD PRESSURE:	BLOOD PRESSURE:
NOTES:	CHOLESTEROL LEVEL:	CHOLESTEROL LEVEL:	CHOLESTEROL LEVEL:
	BLOOD SUGAR LEVEL:	BLOOD SUGAR LEVEL:	BLOOD SUGAR LEVEL:

*Michigan Department
of Community Health*



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