



USDA Forest Service Fire Medical Qualifications Program

Blood Pressure Documentation

Instructions:

If blood pressure reading is *below* 130/80, a single reading is sufficient.

If blood pressure reading is *at or above* 130/80 please repeat 2 additional times for a total of 3 readings.

Please make sure form is filled out completely and attached to your eMedical packet for review.

EMPLOYEE NAME	EMAIL ADDRESS	BLOOD PRESSURE SYSTOLIC/DIASTOLIC	DATE TAKEN
		/	
		/	
		/	

Blood Pressure taken by:

Name: _____

Medical Credentials (circle one): EMT AEMT Paramedic MA LPN RN MD DO NP PA

Phone #: _____ **Signature:** _____

Date: _____