

**UNIVERSITY OF WASHINGTON MEDICAL CENTER
TRANSPLANT SERVICES**

Blood Pressure Record

FOR: _____

| Date | BP Reading | Name/Signature of person doing measurement |
|-------------|-------------------|---|
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Please have three blood pressure readings spaced out over 10 to 14 days. Manual blood pressures are needed, no machine readings please. Your physician, the employee health office at your work or some local fire departments, can document blood pressures. The documentation should include the date, blood pressure reading and signature of the person doing the reading.