

MY HEALTH CHECK CARD

NAME:
HEIGHT:

DATE OF BIRTH:
BLOOD GROUP:

AGE:

GENDER:

	W E I G H T	BMI	WAIST CIRC- UMFR ENCE	WAIST /HIP RATIO	BODY FAT COMP- OSITION	LIPID PROFILE	BLOOD SUGAR	LIVER FUNCTION	URINALYSIS	EUCR	SERUM. VITAMIN D	SERUM. CALCIUM
JAN												
FEB												
MARCH												
APRIL												
MAY												
JUNE												
JULY												
AUG												
SEP												
OCT												
NOV												
DEC												

DENTAL CHECK:: EVERY 3-6 MONTHS (if you don't have a. Dental condition)

EYE. CHECK: annual ((if you don't have an eye condition)

LADIES: breast exam, mammogram, PAP smear

GENTLEMEN: PSA