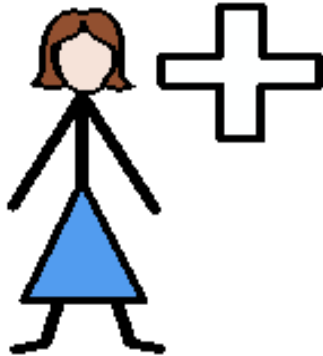


**Surgery photograph
here**

**Surgery address
here**

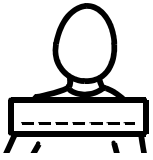
**Nurse's photograph
here**



Nurse's name here

Health Liaison Nurse

HEALTH CHECK APPOINTMENT



NAME



ADDRESS



DATE



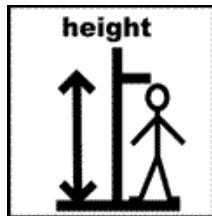
TIME



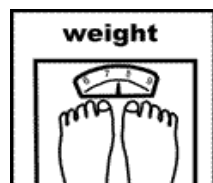
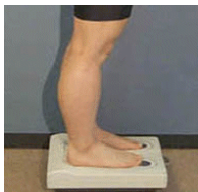
Your Blood Pressure



Your Urine



Your Height



Your Weight



Your Ears



Please bring with you:

A sample of your urine