

USMEPCOM Blood Pressure Measurement Worksheet

(For use of this form, see USMEPCOM Reg 40-1)

Applicant's Name: _____ DOB: _____

Date of MEPS medical examination: _____ MEPS Location: _____

1. If no qualifying blood pressure (BP) measurement was obtained with 3 measurements at the MEPS on the day of the examination, then record the abnormal BP measurements below:

BP #1 (auto): ____ / ____ BP #2 (auto): ____ / ____ BP #3 (manual): ____ / ____

2. Inform the applicant of the following: "Your blood pressure is currently elevated above the qualification standard and requires another measurement on another day. Take this form to your Service Liaison in order to schedule your follow up blood pressure check either at the MEPS or with your Primary Care Provider."

For Service Liaison Use Only

Please assist the applicant in obtaining a follow up blood pressure check with **ONE of the following**:

1. Project them to return to the MEPS **within 5 calendar days -OR-**
2. Advise them to follow up with their Primary Care Provider (PCP) to complete the portion below and submit the completed form to the MEPS with PCP documentation attached as a med read

For Primary Care Provider Use Only

Please conduct at least 2 properly measured, seated, manual blood pressure measurements on separate days within a 5-day period. Also, ensure that the associated office visit clinical notes from each visit are included with this signed form.

BP #1 (manual): ____ / ____ BP #2 (manual): ____ / ____

BP #1 date/time: _____ BP #2 date/time: _____

PCP BP Average: ____ / ____

Provider's Name: _____ MD/DO/CNP/PA-C Signature: _____ Date: _____

Office Address: _____ Office Phone: _____

For MEPS Use Only

If the applicant returns to the MEPS for the 2nd manual BP measurement (instead of a PCP 5 day check) then complete the following:

MEPS 2nd manual BP: ____ / ____ MEPS 2nd manual BP date/time: _____

(Must be performed within 5 calendar days from the MEPS examination)

MEPS BP Average (manual): ____ / ____

Reviewing MEPS Provider's Name: _____ Signature: _____ Date: _____

Privacy Act Statement

Authority: Sections 505, 508, 510, and 3012 of Title 10 U.S. Code and Executive Order 9397. Principal Purpose: Information collected will be used to assist in the military qualification process. Routine Uses: Blanket routine use disclosures as described in USMEPCOM REG 40-1. Disclosure: Voluntary