

# PRE-SCREENING CHECKLIST



This form to be completed by Primary Contractor.

Event ID #: \_\_\_\_\_

## Stadiometer Check

Check each stadiometer by measuring yourself and comparing the result to your known height. Document below.

Stadiometer 1:	Known Height: _____	Result: _____
Stadiometer 2:	Known Height: _____	Result: _____
Stadiometer 3:	Known Height: _____	Result: _____

## Scale Check

Check each scale by weighing yourself and comparing the result to your known weight. Document below.

Scale 1:	Known Weight: _____	Result: _____
Scale 2:	Known Weight: _____	Result: _____
Scale 3:	Known Weight: _____	Result: _____

## Blood Pressure Cuff Check

Check each blood pressure cuff by measuring an individual's blood pressure and comparing the result to the individual's known blood pressure. Document below.

Cuff 1:	Known BP: _____	Result: _____
Cuff 2:	Known BP: _____	Result: _____
Cuff 3:	Known BP: _____	Result: _____

## Cardiochek Plus Control Log

Run the grey analyzer check strip on each machine and record the pass/fail status below. If a machine fails, clean and try again.

Machine 1: _____	Machine 2: _____	Machine 3: _____
Machine 4: _____	Machine 5: _____	Machine 6: _____

Primary Contractor Name: \_\_\_\_\_

Primary Contractor Signature: \_\_\_\_\_

Date: \_\_\_\_\_