

**Michigan WISEWOMAN Program
Michigan Department of Community Health
Lansing, Michigan 48913**

RELEASE

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_____ My Name

_____ My Picture

_____ My Quotes

My Personal Health Information

_____ Blood Pressure

_____ Total cholesterol

_____ Weight

_____ HDL cholesterol

_____ Height

_____ Glucose

Name (please print) _____

Organization (if applicable) _____

Signature _____

Date _____

Please fax this completed release to Viki Lorraine at (517) 335-9397

