

GROVE PARK JUNIOR GOLF CLINIC, INC.

HEALTH & WELLNESS DATA SHEET

This form is a record of _____'s

Age, Blood Pressure, Pulse, Weight and Height:

- M or F (Circle One)
- Age _____
- Weight _____
- Height _____
- Pulse _____
- Blood Pressure _____

Date Checked: _____ 2024 _____

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