



Medford Public School District Wellness Program Healthy Blood Pressure Validation Form

Patient Name (Please Print) _____

Patient Birth Date _____

Date of Blood Pressure Screening: _____


Patient's Blood Pressure: _____ / _____ mmHg

Blood Pressure Screening Completed At:

- Primary Care Provider Visit
- Wellness Screening Event
- Other: _____

I, _____ (Primary Care Provider Name, please print) have reviewed the above patient's blood pressure reading and confirm that this blood pressure is a healthy reading for my patient as it relates to my patient care plan.

Wellness Program Blood Pressure Recommendation: <120/80mmHg per American Heart Association Guidelines below.

Blood Pressure Categories			
BLOOD PRESSURE CATEGORY	SYSTOLIC mm Hg (upper number)		DIASTOLIC mm Hg (lower number)
NORMAL	LESS THAN 120	and	LESS THAN 80
ELEVATED	120 – 129	and	LESS THAN 80
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 1	130 – 139	or	80 – 89
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 2	140 OR HIGHER	or	90 OR HIGHER
HYPERTENSIVE CRISIS (consult your doctor immediately)	HIGHER THAN 180	and/or	HIGHER THAN 120

Primary Care Provider Signature _____

Date _____

Please return completed form to the MAPS Wellness Coordinator,
Aspirus – Medford Business Health, 103 S Gibson St, Medford, WI 54451.
Phone: 715-748-8128, Fax: 715-748-8763