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| Shift Date*MM/DD/YY* | Client Tracking\**\*If Required by Care Plan* | Read care plan | Comments*(Non Routine Events Only)* | Print Name &Signature |
| Date:\_\_\_\_\_\_\_\_\_\_[ ] AM [ ] PM | Date of last BM:\_\_\_\_\_\_\_\_\_\_Blood Pressure:\_\_\_ /\_\_\_ | [ ] I have read the care plan |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_X\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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