

FREE BLOOD PRESSURE ASSESSMENTS

Name of Community

| CHAP Session Location | Location #1 Name | Location #2 Name | Location #3 Name | Location #4 Name |
|-----------------------|--------------------------|--|-------------------------------------|---------------------------------------|
| Address | | | | |
| Date | <i>ie). Every Monday</i> | <i>ie). First Wednesday of the month</i> | <i>ie). 2nd Friday of the month</i> | <i>ie). Last Tuesday of the Month</i> |
| Time | | | | |

**For more information,
Call the Local CHAP Coordinator at:**

XXX-XXXX

www.chaprogram.ca

Put Local Lead
Organization Logo Here

