CHAP
Cardiovascular Health Awareness Program
Programme de sensibilisation à la santé cardiovasculaire

Appendix 7.1

Participant Sign-in Sheet

Session Date: ☐☐ ☐☐ ☐☐☐☐

Name of Pharmacy: _____

Pharmacy ID: ☐☐ - ☐☐

CHAP Session Attendees

Name	Visit #	Arrival Time