



Blood Glucose Control Sheet

Individual	Year 2015-2016			
<u>MONTH</u>	<u>DATE</u>	<u>Test Strip Lot #</u>	<u>READING</u>	<u>Staff Signature</u>
<i>July</i>				
<i>August</i>				
<i>September</i>				
<i>October</i>				
<i>November</i>				
<i>December</i>				
<i>January</i>				
<i>February</i>				
<i>March</i>				
<i>April</i>				
<i>May</i>				
<i>June</i>				