

Fasting Blood Sugar Log

Date	Time	Blood Sugar Level	Comments
	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		
	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		
	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		
	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		
	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		
	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		
	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		
	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		
	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		
	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		
	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		
	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		
	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		
	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		
	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		
	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		
	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		
	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		
	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		
	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		
	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		
	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		
	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		
	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		
	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		
	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		
	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		
	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		
	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		
	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		
	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		
	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		
	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		
	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		
	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		
	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		
	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		
	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		
	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		
	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		
	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		
	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		
	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		