



Blood Pressure Screening Consent Form

To be completed by participant:

Participant Name: _____

Gender: ☐ **Male** ☐ **Female** Date of Birth: ____/____/____

Company Name: _____ Location: _____

I hereby consent to blood pressure screening services. I understand that these services are being offered as part of an educational awareness program and results will be provided to my employer in aggregate format only.

Signature of Participant **Date**

To Be Completed by Screener:

BP Reading: ____/____

Please check the most appropriate category based on screening result:

	Ideal: ☐	Moderate Risk: ☐	High Risk: ☐	Extreme: ☐
Blood Pressure	<120/80	120-139 / 80-89	140-159 / 90-99	160/100+

I hereby confirm the above test results are considered accurate.

Screener's Signature **Screener's Printed Name** **Date**

Consent For Blood Pressure Screening

C Cleary



Consent For Blood Pressure Screening:

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