



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: <input type="checkbox"/>	Moderate Risk: <input type="checkbox"/>	High Risk: <input type="checkbox"/>	Extreme: <input type="checkbox"/>
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