Health Screening Consent Confidentiality Statement Client Information

I agree to have my blood pressure taken. I understand that my blood pressure screening does not take the place of a regularly scheduled medical examination. I will not find fault in **Click or tap here to enter text.**, their employees and/or volunteers for any errors performing the screening and/or presenting the results to me. I understand that I should schedule an appointment with my own healthcare provider if I have any questions after having my blood pressure taken. I understand the results of my blood pressure screening are not a medical diagnosis.

I agree to share my results with **Click or tap here to enter text.**. I understand my blood pressure reading will only be shared with **Click or tap here to enter text.** and they will not share the results of the screening. **Click or tap here to enter text.** will use my results to improve my health.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
*Client Name*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
*Phone Number*

M\_\_\_\_\_\_\_\_\_ F\_\_\_\_\_\_\_\_\_  
*Gender*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
*Date of Birth*

Blood Pressure Readings

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
*1st Reading*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
*2nd Reading*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
*3rd Reading (not required)*

\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Date Sign here. If under 18, signature of parent/guardian.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Screening Location*



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*Client Name*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
*Phone Number*

M\_\_\_\_\_\_\_\_\_ F\_\_\_\_\_\_\_\_\_  
*Gender*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
*Date of Birth*

Blood Pressure Readings

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
*1st Reading*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
*2nd Reading*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
*3rd Reading (not required)*

\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Date Sign here. If under 18, signature of parent/guardian.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Screening Location*



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