Delete this box and replace with logo using “in front of text” text wrap.

Health Screening Consent

Confidentiality Statement:

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 [Insert Health System Name], 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 [Insert Health System Name]. I understand my blood pressure reading will only be shared with [Insert Health System Name] and they will not share the results of the screening. [Insert Health System Name] will use my results to improve my health.

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

*Date*

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

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

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

*Barbershop Name*

Client Information

(Please Print)

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

*Client Name*

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

*Phone Number*

M\_\_\_\_\_\_\_\_\_ F\_\_\_\_\_\_\_\_\_

*Gender*

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

*Date of Birth*

Blood Pressure Readings

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*1st Reading*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*2nd Reading*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*3rd Reading (not required)*

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