**BLOOD PRESSURE MONITORING FORM**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name: | ${pn} | Strand/Program | | ${pc} | | |
| Department: | ${dept} | Age: | ${age} | | Gender: | ${g} |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Time** | **BP** | **Signature** | **Remarks** |
| ${reading\_d} | ${reading\_t} | ${reading\_bp} | ${reading\_s} | ${reading\_r} |

*I agree to collection and processing of my data for the purpose of monitoring my blood pressure at Pamantasan ng Cabuyao. I understand that my personal information is protected by RA 10173, Data Privacy Act of 2012, and that I am required provide truthful information. I understand that my personal information shall not be shared or disclosed with other parties without consent unless the disclosure is required by, or in compliance with applicable laws and regulations.*

*Signature Over Printed Name / Date*

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PNC:AF-FO-09 rev.0 01022023

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(University of Cabuyao)

***Administration and Finance Division***

***University Health Department***

Katapatan Mutual Homes, Brgy. Banay-banay, City of Cabuyao, Laguna 4025

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| **Date** | **Time** | **BP** | **Signature** | **Remarks** |
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