**BLOOD PRESSURE MONITORING FORM**

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| --- | --- | --- | --- | --- | --- | --- |
| Name: | {name} | Strand/Program | | {strand}/{program} | | |
| Department: | {department} | Age: | {age} | | Gender: | {gender} |

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| **Date** | **Time** | **BP** | **Signature** | **Remarks** |
| {#rows} {dateNow} | {timeNow} | {bp} |  | {remarks} {/rows} |
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*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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A picture containing logo

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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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