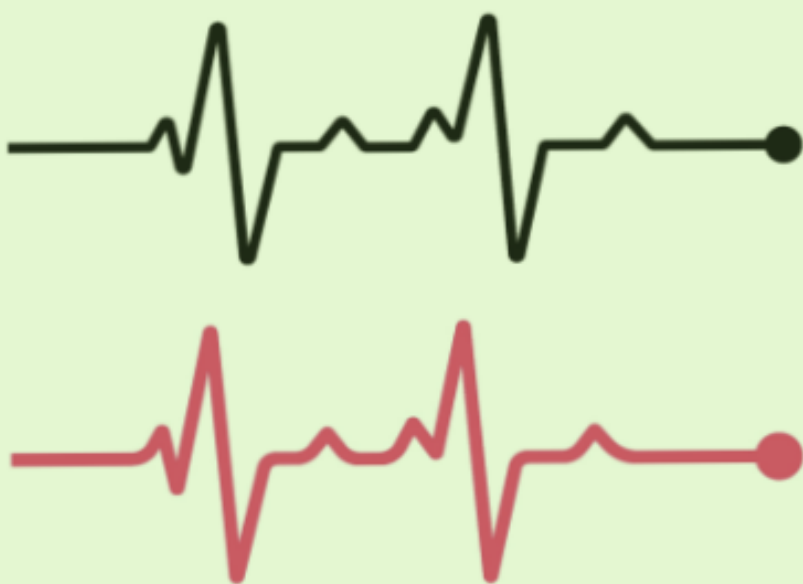


# KEEP FIT



## GET STARTED

# PREVIOUS RECORDS

DATE: DD/MM/YYYY

HEART RATE:

BOLLD PRESSURE:SSS/DD

DELETE

DATE: DD/MM/YYYY

HEART RATE:

BOLLD PRESSURE:SSS/DD

DELETE

DATE: DD/MM/YYYY

HEART RATE:

BOLLD PRESSURE:SSS/DD

DELETE

DATE: DD/MM/YYYY

HEART RATE:

BOLLD PRESSURE:SSS/DD

DELETE

DATE: DD/MM/YYYY

HEART RATE:

BOLLD PRESSURE:SSS/DD

DELETE

# REQUIRED INFORMATION

Date

Time

Heart rate

Systolic Pressure

Diastolic Pressure

Comment

**Submit**

**Date: dd/mm/yyyy**

**Time: hh/mm/ss**

**Heart rate:bbb/min**

**Systolic Pressure: sss mm Hg**

**Diastolic Pressure: dd mm Hg**

**Comment**

**Tips**