

Subject Consent Form

**Blood Pressure Recording**

I .....

( FULL NAME or Hospital Sticker )

- ☐ Agree to take part in the study: **BLOOD PRESSURE RECORDING.**
- ☐ Have read the information sheet provided.
- ☐ Have had the study explained to me by .....  
and have had the opportunity to have my questions answered.
- ☐ Understand that I do not need to participate and that I may change my mind at any time.

Signed ..... Date .....

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*Parent / Guardian if applicable*

I agree for .....  
to take part in this study.

Name ..... Parent / Guardian

Signed ..... Date .....

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I have explained the purpose of the above study and answered any questions.

Name .....

Signed ..... Date .....