

Consent for Cardiovascular Health Testing

Date: _____

To Whom It May Concern,

I, **[Your Full Name]**, hereby give my consent to participate in cardiovascular health testing conducted by **[Clinic/Organization Name]**. I understand that the tests may include but are not limited to:

- Blood pressure measurements
- Cholesterol level assessment
- Electrocardiograms (ECGs)
- Cardiac stress tests

I acknowledge that the purpose of these tests is to assess my cardiovascular health and identify any risks. I also understand that the results will be kept confidential and used solely for health management purposes.

By signing this letter, I confirm that I have been informed about the nature, purpose, benefits, and potential risks of the tests, and I voluntarily consent to undergo testing.

Participant's Signature: _____

Print Name: _____

Contact Information: _____

Emergency Contact: _____