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| 最高血圧 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 最低血圧 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 脈拍数 拍／分 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 降圧剤服用有無 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 服用後経過時間 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 体脂肪（％） |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |