

Vital Signs

Date (DD/MMM/YYYY)	<input type="text"/> / <input type="text"/> / <input type="text"/>
Height	<input type="text"/> in
Weight	<input type="text"/> lbs
Temperature	<input type="text"/> F
Temperature Location	<ul style="list-style-type: none"><input type="radio"/> Axilla<input type="radio"/> Ear<input type="radio"/> Forehead<input type="radio"/> Oral Cavity
Vital Signs Log Portion	
Time Point	<ul style="list-style-type: none"><input type="radio"/> After lying Down for 5 mins<input type="radio"/> After standing for 1 minute<input type="radio"/> After standing for 3 minutes
Systolic Blood Pressure	<input type="text"/> mmHg
Diastolic Blood Pressure	<input type="text"/> mmHg
Pulse	<input type="text"/> beats/min
Position	<ul style="list-style-type: none"><input type="radio"/> Prone<input type="radio"/> Sitting<input type="radio"/> Standing<input type="radio"/> Supine