

Vital Signs

Date (DD/MMM/YYYY)	<div><div></div><div></div></div> / <div><div></div><div></div></div> / <div><div></div><div></div><div></div><div></div></div>
Vital Signs Details	
Systolic Blood Pressure	<div></div> mmHg
Diastolic Blood Pressure	<div></div> mmHg
Blood Pressure Position	<div><div><input type="radio"/> Prone</div><div><input type="radio"/> Sitting</div><div><input type="radio"/> Standing</div><div><input type="radio"/> Supine</div></div>
Height	<div></div> Inch
Weight	<div></div> Pound
Temperature	<div></div> Fahrenheit
Temperature Location	<div><div><input type="radio"/> Axilla</div><div><input type="radio"/> Ear</div><div><input type="radio"/> Forehead</div><div><input type="radio"/> Oral Cavity</div></div>
Pulse	<div></div> beats/min
Pulse Location	<div><div><input type="radio"/> Brachial Artery</div><div><input type="radio"/> Carotid Artery</div><div><input type="radio"/> Cerebral Artery</div><div><input type="radio"/> Dorsalis Pedis Artery</div></div>

