**Vital Signs**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date (DD/MMM/YYYY) | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | / |  | / |  |  |  |  | |
| Vital Signs Details | |
| Systolic Blood Pressure | |  |  | | --- | --- | |  | mmHg | |
| Diastolic Blood Pressure | |  |  | | --- | --- | |  | mmHg | |
| Blood Pressure Position | * Prone * Sitting * Standing * Supine |
| Height | |  |  | | --- | --- | |  | Inch | |
| Weight | |  |  | | --- | --- | |  | Pound | |
| Temperature | |  |  | | --- | --- | |  | Fahrenheit | |
| Temperature Location | * Axilla * Ear * Forehead * Oral Cavity |
| Pulse | |  |  | | --- | --- | |  | beats/min | |
| Pulse Location | * Brachial Artery * Carotid Artery * Cerebral Artery * Dorsalis Pedis Artery |