|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Were vital signs taken?** | Yes | | | No | | | | **Date taken**: | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | D | D | M | M | Y | Y | Y | Y | | | | | | | | |
|  | |  | | | | |  | | | | | | |  | | | | |
| **Vital Sign Name** | | **Not taken** | | | | | **Result** | | | **Units** | | | **Clinically significant** | | |
|  | |  | | | |  | | | | | | | Yes | | No | | | | |
| **Weight** | |  | | | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  |  | . |  | | | | | | | kg |  | |  |  |  | | --- | --- | --- | |  |  |  | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  | , |  |  | | | | | | | st, lbs |
| **Height** | |  | | | | |  |  |  | | --- | --- | --- | |  |  |  | | | | | | cm | | |  |  |  | | --- | --- | --- | |  |  |  | | | |  | |
| |  |  |  |  | | --- | --- | --- | --- | |  | , |  |  | | | | | | ft, in | |
| **Body Temperature** | |  | | | | | | |  |  |  |  | | --- | --- | --- | --- | |  |  | . |  | | | | oC | | |  |  |  | | --- | --- | --- | |  |  |  | | | |  | | |
| **Blood Pressure *(Average)*** | |  | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  |  | / |  |  |  | | | | | | | | | mm/Hg | | |  |  |  | | --- | --- | --- | |  |  |  | | | |  | | |
| **Heart Rate** | |  | | | | |  |  |  | | --- | --- | --- | |  |  |  | | | | | | Beats/min | | |  |  |  | | --- | --- | --- | |  |  |  | | | |  | | |
| **Respiratory Rate** | |  | | | | |  |  |  | | --- | --- | --- | |  |  |  | | | | | | Breaths/  min | | |  |  |  | | --- | --- | --- | |  |  |  | | | |  | | |