VITAL SIGN FLOW SHEET

DATE	Blood Pressure B/P	Temperature T	Pulse P	Respiration R	Weight WT	Height/Length H/L	SIGNATURE/COMMENTS

IF PULSE IS APICAL - PRECEDE RECORDING WITH LETTER "A"

LAST NAME	FIRST	INITIAL	ATTENDING PHYSICIAN	ROOM NO.	PATIENT NO.

FORM 3051 BRIGGS, Des Moines, Iowa 50306

VITAL SIGN FLOW SHEET

PRINTED IN U.S.A.