

MEDICAL RECORD	VITAL SIGNS RECORD
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HOSPITAL DAY												
POST-	DAY											
MONTH-YEAR	DAY											
19	HOUR											
PULSE (○)	TEMP. F (●)											TEMP. C
	105°											40.6°
180	104°											40.0°
170	103°											39.4°
160	102°											38.9°
150	101°											38.3°
140	100°											37.8°
130	99°											37.2°
120	98.6°											36.0°
110	98°											36.7°
100	97°											36.1°
90	96°											35.6°
80	95°											35.0°
70												
60												
50												
40												

(Centigrade Equivalents, for Reference only)

RESPIRATION RECORD											
Record special data only when so ordered	BLOOD PRESSURE										
	HEIGHT:	WEIGHT									

PATIENT'S IDENTIFICATION	(For typed or written entries give: Name - last, first, middle; rank; rate; hospital or medical facility)	REGISTER NO.	WARD NO.
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