

# MEDICAL RECORD

# VITAL SIGNS RECORD

HOSPITAL DAY																
POST -	DAY															
MONTH-YEAR	DAY															
19	HOUR	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
PULSE (0)	TEMP. F (°)	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	105 °	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
180	104 °	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
170	103 °	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
160	102 °	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
150	101 °	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
140	100 °	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
130	99 °	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	98.6 °	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	98 °	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
120	97 °	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
110	96 °	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
100	95 °	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
90		.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
80		.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
70		.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
60		.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
50		.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
40		.	.	.	.	.	.	.	.	.	.	.	.	.	.	.

TEMP. C  
 40.6 °  
 40.0 °  
 39.4 °  
 38.9 °  
 38.3 °  
 37.8 °  
 37.2 °  
 37.0 °  
 36.7 °  
 36.1 °  
 36.1 °  
 35.6 °  
 35.6 °  
 35.0 °

(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, ID No. (SSN or other); hospital facility)*

REGISTER NO. \_\_\_\_\_ WARD NO. \_\_\_\_\_

**VITAL SIGNS RECORDS  
 Medical Record**

# MEDICAL RECORD

# VITAL SIGNS RECORD

HOSPITAL DAY																
POST -	DAY															
MONTH-YEAR	DAY															
	HOUR															

PULSE (/)	TEMP. F (°)	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	TEMP. C
	105 °																
180	104 °																40.0 °
170	103 °																39.4 °
160	102 °																38.9 °
150	101 °																38.3 °
140	100 °																37.8 °
130	99 °																37.2 °
	98.6 °																37.0 °
	98 °																36.7 °
120	97 °																36.1 °
110	96 °																36.1 °
100	95 °																35.6 °
90																	
80																	
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 <i>(For typed or written entries give: Name - last, first, middle, ID No. (SSN or other); hospital facility)</i>										REGISTER NO.					WARD NO.				
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