**Height:**  inches cm **Weight:**  lbs kg

.

.

*Height not measured*   *Weight not measured*

:

**Time:** (using 24 hour format of hh:mm)

**Temperature:**  Fahrenheit  *Temperature not measured*

.

**Method:** (check one)  Oral  Axillary  Tympanic

**Respiratory Rate:**  breaths/min  *Respiratory Rate not measured*

**Heart Rate:**  beats/min  *Heart Rate not measured*

**Systolic Blood Pressure**  mmHg  *Blood Pressure not measured*

**Diastolic Blood Pressure** mmHg

**Method:** (check one)  Manual  Automated

**Location:** (check one)  Left Arm  Right Arm

**Position:** (check one)  Sitting  Supine  Standing

Additional Notes:

**Vital Sign Measurements obtained by:**