**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:**