



# MEDICAL RECORD

# VITAL SIGNS RECORD

HOSPITAL DAY																			
POST-	DAY																		
MONTH-YEAR	DAY																		
19	HOUR	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
PULSE (O)	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°															37.0°			
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; ID No. (SSN or other); hospital or medical facility)

REGISTER NO.

WARD NO.