



# Vital Signs Log

Name:

Date of Birth:

Allergies:

Week Of:	Blood Pressure Systolic / Diastolic	Pulse	Respiration	Temperature	Weight
Monday	/				
Tuesday	/				
Wednesday	/				
Thursday	/				
Friday	/				
Saturday	/				
Sunday	/				

Week Of:	Blood Pressure Systolic / Diastolic	Pulse	Respiration	Temperature	Weight
Monday	/				
Tuesday	/				
Wednesday	/				
Thursday	/				
Friday	/				
Saturday	/				
Sunday	/				

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