PEDIATRIC VITAL SIGNS LOG

Medical Record Template

PATIENT NAME

DATE OF BIRTH

WEIGHT (KG/LB)

DATE / TIME	TEMP (C/F)	HEART RATE (BPM)	RESP. RATE	SPO2 (%)	BLOOD PRESSURE	SYMPTOMS / NOTES

Disclaimer: This chart is for tracking purposes only. Consult a healthcare professional for clinical assessment and emergency care.