VITAL SIGNS MONITOR

Month/Year: _____

Name: _____
DOB: _____
Physician: _____

DATE	TIME	BLOOD PRESSURE		PULSE (BPM)	TEMP (F/C)	OXYGEN (SPO2 %)	WEIGHT (LBS/KG)	OBSERVATIONS / SYMPTOMS
		SYSTOLIC	DIASTOLIC					

DATE	TIME	BLOOD PRESSURE		PULSE (BPM)	TEMP (F/C)	OXYGEN (SPO2 %)	WEIGHT (LBS/KG)	OBSERVATIONS / SYMPTOMS
		SYSTOLIC	DIASTOLIC					

** This log is for tracking purposes only. In case of emergency or values outside of prescribed range, contact your healthcare provider immediately.*