

Health Tracking-Vital Signs

Section 1 - General Information

Individual Name:* _____
 Program Name:* _____
 Entered By: _____
 Reported By:* _____

Entry Date & Time: _____
 Time zone: _____
 Date:* _____
 Notification Level: ☐ Low ☐ Medium ☐ High

Section 2 – Vital Signs Information

Temperature

Value: _____ (97-99) Time: _____ am/pm
 Site: ☐ Axillary ☐ Non-invasive thermometer ☐ Oral ☐ Rectal ☐ Temporal ☐ Tympanic

Pulse

Value: _____ (60-110) Oxygen Saturation: _____ Time: _____ am / pm
 Rhythm: ☐ Irregular ☐ Regular Force: ☐ Bounding ☐ Normal ☐ Thready ☐ Weak
 Method Used: ☐ Machine ☐ Manual
 Site: ☐ Apical (over heart) ☐ Brachial (upper arm) ☐ Carotid (neck) ☐ Femoral (inner thigh) ☐ Popliteal (behind knee)
☐ Radial (wrist)

Respiration

Value: _____ (12-40) Time: _____ am/pm
 Lung Sounds: ☐ Clear ☐ Rales ☐ Rhonchi ☐ Wheeze ☐ Other If Other _____

Blood Pressure

Systolic: _____ (65-140) Time: _____ am / pm
 Diastolic: _____ (42-90) Method Used: ☐ Machine ☐ Manual

Comments

Reaction: ☐ Cooperative ☐ Declined ☐ Resisted (Uncooperative)

Comments: _____

SIGNATURE _____ NAME _____ DATE _____ TIME _____ am/pm

Note:- Required fields are marked with an asterisk (*)