

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 _____

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 (*)