**Vital Signs**

Time subject placed in Supine Position: \_\_\_ *(please use 24 hour time)*

Weight: lbs ­­­­­­\_\_\_\_\_ \_\_\_\_\_**.** \_\_\_\_\_ kg (**taken with indoor clothing, and no shoes)**

Temperature \_\_\_\_\_ºC or \_\_\_\_\_ºF ○ Oral

Record after at least 5 minutes at rest in a Supine position

BP\_\_\_\_\_/\_\_\_\_\_ mmHg Time: \_\_\_\_\_\_\_ Rt arm Lt arm Wrist

Heart Rate\_\_\_\_\_\_\_/beats/min Regular Irregular

Respirations /min Regular Shallow

Date of Last Period: / / N/A

Fasting? **Yes No**

Date and time of last meal: / / Time:

MM DD YYYY *(24 hr time)*

Venipuncture performed in R/ L using

Comments:

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**Signature Date**

**Coordinator Signature**  **Date**