

Monthly Vital Sign Record

Year:

If 5lb. < or >

Month/Day	Blood Sugar	Temperature	Pulse	Respiratory	Blood Pressure	Weight	Reweight	Date
January								
February								
March								
April								
May								
June								
July								
August								
September								
October								
November								
December								

Resident Name:	Room #	Physician:	Medical Rec. #
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