## **VITAL SIGN & WEIGHT FLOW SHEET**

DATE/TIME B/P T P R WT O2										
	Tod	Presst	Paulse	Respit	wt WT	OZ OZ	ŗ / s	SIGNAT	TURE/COMME	NTS
DATE/TIME	B/P	T T	Pulse	R	WT	O <sup>‡</sup>				
Admission Date	Admission Height/Length			Admission Weight						
Date LAST NAME			FIRST			INITIAL	ATTENDING PHYSICIAN		RECORD NO.	ROOM/BED