Weekly Vital Signs Monitoring

Name	DOB
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Day of Week to Monitor Year Facility

Month Week Date Temp. Pulse Respiratory Blood Signature Comments

Day or	week to	MOIIICOI					cai	acmty
Month	Week	Date	Temp.	Pulse Rate	Respiratory Rate	Blood Pressure	Signature	Comments
Jan.	1			race	71410	11000010		
jan.	2							
	3							
	4							
	5							
Feb.	1							
reb.	1							
	2							
	3							
	4							
	5							
Mar	1							
	2							
	3							
	4							
	5							
April	1							
	2							
	3							
	4							
	5							
May	1							
1.14.5	2							
	3							
	4							
	5							
Iuna	1							
June	1							
	2							
	3							
	4							
	5							
July	1							
	3							
	3							
	4							
	5							
Aug.	1							
	2							
	3							
	4							
	5							
Sept.	1							
•	2							
	3							
	4	İ						
	5							
Oct.	1	1		1				
JC1.	2	 		-				
	3							
	4	1						
		1		+				
N	5	1		+				
Nov.	1	 		1				
	2	 		1				
	3							
	4	ļ		1				
	5							
Dec.	1							
	2							
	3							
	4							
	5							