

## Vital Signs

Please mark if evaluation was not done

Any significant findings after the start of the study drug should be recorded on the Adverse Events page.

Please circle the correct measurement, when applicable.

**Weight** \_\_\_\_\_ kg or lbs

**Sitting Pulse** \_\_\_\_\_ bpm

**Sitting  
Blood Pressure** \_\_\_\_\_ / \_\_\_\_\_  
systolic/diastolic  
MmHg

**Respirations** \_\_\_\_\_ /minute

**Temperature** \_\_\_\_\_ degrees Centigrade or Fahrenheit









