VITAL SIGNS / HEIGHT/ WEIGHT / BMI / WAIST CIRCUMFERENCE

HEIGHT: _____ DATE: _____ (Transfer current height onto next form. Height is to be taken on a yearly basis).

DATE	TIME	LYING		SITTING		STANDING		R	T	SpO_2	WT	WT CHG	BMI	WAIST CIRC.	SIGNATURE
		BP	P	BP	P	BP	P								

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