# Vital Signs Record

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| **DATE** | | | | | | | |
| **Weight*** | | | | | | | |
| **Temp*** | | | | | | | |
| **BP AM** | | | | | | | |
| **BP PM** | | | | | | | |
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| **DATE** | | | | | | | |
| **Weight*** | | | | | | | |
| **Temp*** | | | | | | | |
| **BP AM** | | | | | | | |
| **BP PM** | | | | | | | |
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*** Call if you experience: Temperature of 100˚ F or more**

**Weight gain of 2 pounds in one day or 4 pounds in one week**