

Blood Pressure and Vital Signs Record

Applicant Information

Name: _____

Date of Birth: _____

Policy/Application No.: _____

Date of Exam: _____

Vital Signs Record

Time	Blood Pressure (Systolic/Diastolic)	Pulse (bpm)	Respiratory Rate (per min)	Temperature (°C/°F)	Weight (kg/lbs)	Height (cm/in)	Examiner Initials

Additional Notes / Observations

Examiner's Certification

Examiner Name: _____

Examiner Signature: _____

Date: _____