



# UTTAR PRADESH UNIVERSITY OF MEDICAL SCIENCES

Saifai, Etawah - 206 130 (U.P.)

Pt.'s Name.....Age.....Sex.....Weight .....Ward/Bed No.....

Consultant:.....Cr No.....

## **Vitals Chart**

Date	TIME	TEMP.	PULSE	RESP.	SPO2	B.P	Other	REMARK	STAFF SIGN.

