



**GOVERNMENT OF MEGHALAYA
HEALTH & FAMILY WELFARE DEPARTMENT**

BLOOD PRESSURE, RR, PULSE AND TEMPERATURE CHART

Patient's Name:						MRD No./UHID No.	
Age:		Gender	M	F	O	Ward No.	
Date of Admission						Bed No.	
Provisional Diagnosis:							

DATE	TIME			BP						PULSE			RR			Name & Signature		
				M		N		E		M	N	E	M	N	E			
	S	D	S	D	S	D	M	N	E							M	N	E
	M	N	E	S	D	S	D	S	D	M	N	E	M	N	E	M	N	E

TEMPERATURE CHART

DATE OF OBSERVATION																						
Temperature	Time	m	n	e	m	n	e	m	n	e	m	n	e	m	n	e	m	n	e	m	n	e
	105'																					
	104'																					
	103'																					
	102'																					
	101'																					
	100'																					
	98'.6																					
	98'																					
	97'																					
	96'																					
95'																						

Name of Nurse In charge/Supervisor: _____ Signature: _____ Date: _____