

Appendix

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Vitals Form

Name	M/F	Age	Affiliation
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Vitals Log

Class: Fire Brigades: Int. Str. F/F Other: _____

Student
 Instructor
 Staff
 Patient

Any Medical Conditions:

Medication (OTC and Prescribed):

Known Allergies:

Date	Time	Resps.	B. P.	Pulse	Oxy. Sat.
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