

| Name | M/F | Age | Affiliation |
|------|-----|-----|-------------|
|------|-----|-----|-------------|

## Vitals Log

Class: Fire Brigades: Int. Str. F/F Other: \_\_\_\_\_

Student    
  Instructor    
  Staff    
  Patient

**Any Medical Conditions:**

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**Medication (OTC and Prescribed):**

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**Known Allergies:**

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| Date | Time | Resps. | B. P. | Pulse | Oxy. Sat. |
|------|------|--------|-------|-------|-----------|
|      |      |        | /     |       |           |
|      |      |        | /     |       |           |
|      |      |        | /     |       |           |
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|      |      |        | /     |       |           |
|      |      |        | /     |       |           |
|      |      |        | /     |       |           |
|      |      |        | /     |       |           |
|      |      |        | /     |       |           |