Name: _____

Baldy View ROP – EMT Class

Skills Practice Sheet: Vital Signs

	DATE	NAME	BLOOD PRESSURE (Ausc)	BLOOD PRESSURE (Palp)	PULSE	RESP	PUPILS	LUNG SOUNDS
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13								
14.								
15.								