# Pediatric Vital Signs Chart

## PATIENT INFORMATION

Name: _____ Sex: _____

Date of birth: _____ dd / mm / yyyy Age: _____

## DOCTOR/PRACTITIONER

Name: _____ Date: _____ dd / mm / yyyy

## VITALS CHART

Awake Result: _____ Reference range: _____

Asleep Result: _____ Reference range: _____

Interpretation:

◯ Low ◯ Normal ◯ High

Details:

Result: _____ Reference range: _____

Interpretation:

◯ Low ◯ Normal ◯ High

Details:

Systolic Result: _____ Reference range: _____

Diastolic Result: _____ Reference range: _____

Interpretation:

◯ Low ◯ Normal ◯ High

Details:

Result: _____ Reference range: _____

Interpretation:

◯ Low ◯ Normal ◯ High

Details:

**Result:** _____ **Reference range:** _____

Interpretation:

◯ Low ◯ Normal ◯ High

**Details:**

## NOTES

**Specify below:**

**Signature:**
**Date:** _____ dd / mm / yyyy