NAME:_____DATE OF BIRTH:_____

PURE medicine

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VITALS LOG

DATE	TIME (AM or PM)	BLOOD PRESSURE (SYSTOLIC / DIASTOLIC) (UPPER#) / (LOWER#)	PULSE (HEART RATE)	TEMP (°F)	WEIGHT (lbs.)	PULSE OX (%)	Notes (Changes in meds, dose, activity, etc.)
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