Name: _____ Date: _____

VITAL SIGNS

G N Q V G Z L O Q I O I A D M W S
L Z G E Z M X W H A P I C A L S P
X H J S T E T H O S C O P E N K H
T L K P R O B E C O V E R S N N Y
C Z B E R U S S E R P D O O L B G
I H C C E H C H N Q B A M P U S M
N M T H E R M O M E T E R W B T O
A I J I C H W U I D J K V G J P M
P Q J K U E C A H S Q N E C U I A
M F X P Z A S T A H H H I K C N N
Y J O P S A F M A V E L A T A T O
T B V G U K V C C W O P R O L N M
S W F L A T C E R T O V T R W E E
S Y S T O L I C S U Y Y R A S I T
P C Q D E M L A I D A R F L C T E
C I P D X O I V M S P R H W Z A R
Z I Z V N D Q D K N S Q M B K P S

Sphygmomanometer
THERMOMETER
SYSTOLIC
APICAL
WATCH
BLOOD PRESSURE
STETHOSCOPE
TYMPANIC
RADIAL
ORAL
PROBE COVER
DIASTOLIC
PATIENT
RECTAL