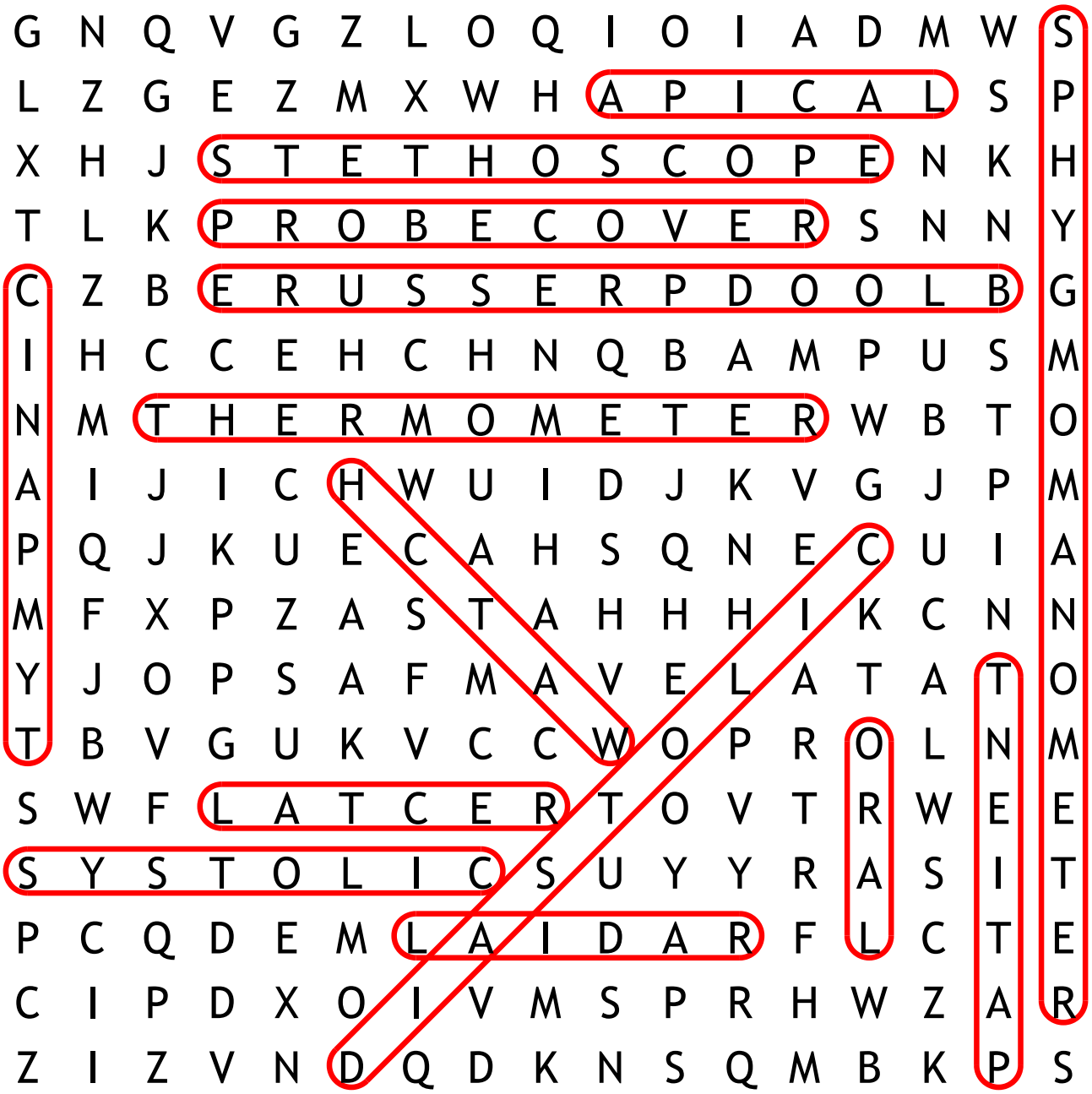
Name: _____ Date: _____

VITAL SIGNS



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