Name: _____ Date: _____ Period: _____

Vital Signs

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

Respiration Rate	Sphygmomanometer	Blood Pressure	Stethoscope
Thermometer	Vital Signs	Tempreture	Afebrile
Axillary	Diastole	Cartoid	Febrile
Systole	Apical	Exhale	Inhale
Radial	Apnea	Pulse	Oral

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