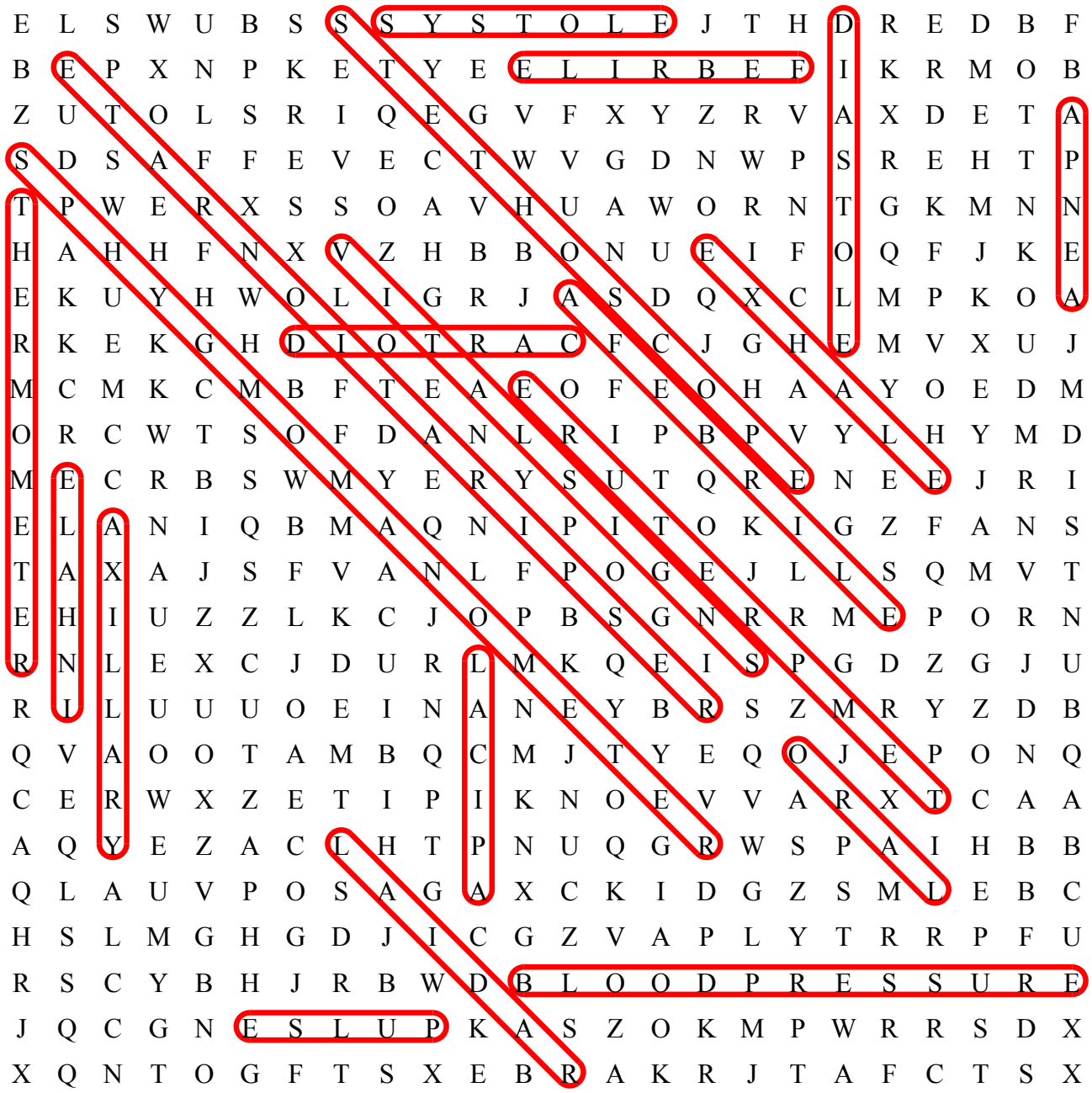
Name: _____ Date: _____ Period: _____

Vital Signs



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