





Date Updated:

Your Vital Signs

Weight _____

Height _____

Blood Pressure _____

Oxygen _____

Pulse Rate _____

Normal Temperature _____

Blood Type _____

Your Vital Measurements

Chest _____

Waist _____

Abdomen _____

Hips _____

Left Bicep _____

Left Thigh _____

Left Calf _____

Right Bicep _____

Right Thigh _____

Right Calf _____

Your Medical History

Ensure your health provider maintains your personal medical history (provider, detailed information, dates) you should keep a record as well and have access to information.

SURGERY AND FRACTURES

MAJOR ILLNESSES

MEDICINES

IMMUNIZATIONS

DOCTORS AND INSTITUTES

X-RAYS & IMAGING