

* **Required fields**

Vital Signs

* Name of Site: _____

* Type of Visit: _____
e.g. Screening, Baseline, 6 months, 12 months,
18 months, 24 months, 30 months, 36 months,
42 months, 48 months, 54 months, 60 months.

* Date of Visit: _____

* GUID: _____

* Age of Subject (years and months): _____ Subject ID: _____

1. **Date and time:** Format YYYY-MM-DD HH

2. **Heart rate/pulse (beats/minute):** _____

3. **Respiratory rate (breaths/minute):** _____

Blood Pressure

Blood pressure while sitting is required. Report additional measures if taken standing and/or supine

4a. **Subject's position when the blood pressure was taken?** Sitting Standing
 Supine

4b. **Systolic blood pressure (mmHg):** _____

4c. **Diastolic blood pressure (mmHg):** _____

5a. **Temperature (in Fahrenheit):** _____

5b. **Temperature method:** Oral Rectal Axillary Tympanic Bladder
 Esophageal Brain
 Other, please specify _____

6. **Weight (in pounds)** _____

7. **Height (in feet and inches)** _____