

**Student Name** \_\_\_\_\_

**Room #-**

Age -- Female or Male  
Code:  
Diet:  
Allergies:  
Admit Date:

**Room #-**

Age -- Female or Male  
Code:  
Diet:  
Allergies:  
Admit Date:

Vitals-

AM:	Noon:
BP-	BP-
Temp-	Temp-
Pulse-	Pulse-
Resp.-	Resp.-
02-	02-
Pain-	Pain-
Breakfast%-	Lunch-

Vitals-

AM:	Noon:
BP-	BP-
Temp-	Temp-
Pulse-	Pulse-
Resp.-	Resp.-
02-	02-
Pain-	Pain-
Breakfast%-	Lunch-

Main Diagnosis:

Main Diagnosis:

Secondary:

Secondary:

Notes:

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