Mississippi Department of Human Services Division of Youth Services Oakley Youth Development Center

VITAL SIGNS FORM													
Date	Time	Temp	Pulse	Resp	B/P	Sats	Peak/ Flow	НТ	WT	Waist Circ	Hip Circ	Nurses Initials	
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Initials Nurses Signature						Initials		Nurses Signature					
Youth Name:							DOB:			Living Unit:			

Form X1.8.D Effective Date: 07/01/06 Revised: 05/01/11, 09/14/12