

PATIENT OBSERVATION CARD

.....
First name, last name

.....
Stamp of the entity and the date

...

Card number

Personal support worker

	Date	Date	Date	Date	Date	Date	Date	Date
	RESULTS	RESULTS	RESULTS	RESULTS	RESULTS	RESULTS	RESULTS	RESULTS
Temperature								
Pulse								
Blood pressure								
Urine								
Feces								
Fluid balance								
Body weight								
Glucose level								
SIGNATURE								

COMMENTS: