conformal THE SHAPE OF STROKE PREVENTION	**CONFORM Vital Signs** ☐ Source ☐ Data Transfer Tool
	Site Number: _____ Subject ID: _____

Were vital signs performed?	☐ Yes ☐ No
Date of vital sign measurements	__ __ / __ __ __ / __ __ __ __ (DD/MMM/YYYY)
Height *(xxx.xx)*	_____ (cm / in) (circle one)
Weight *(xxx.x)*	_____ (kg / lb) (circle one)
BMI *(xx.x)*	_____ (kg/m^2)
Systolic Blood Pressure *(xxx)*	_____ (mmHg)
Diastolic Blood Pressure *(xxx)*	_____ (mmHg)
Heart Rate *(xxx)*	_____ (bpm)

_____ __ __ / __ __ __ / __ __ __ __

Site Personnel Signature **Date (DD/MMM/YYYY)**