Oregon Board of Chiropractic Examiners – Vitals Continuing Education Certificate and Log

Chiropractic Assistant Name: _____ Date: _____

	Date	Patient's Initials	Male/ Female	BP	Pulse	Respiratory	Temp.	DC's Initial
1.				/	bpm		º F	
2.				/	bpm		º F	
3.				/	bpm		º F	
4.				/	bpm		º F	
5.				/	bpm		º F	
6.				/	bpm		º F	
7.				/	bpm		º F	
8.				/	bpm		º F	
9.				/	bpm		º F	
10.				/	bpm		º F	
11.				/	bpm		º F	
12.				/	bpm		º F	
13.				/	bpm		º F	
14.				/	bpm		º F	
15.				/	bpm		º F	
16.				/	bpm		º F	
17.				/	bpm		º F	
18.				/	bpm		º F	
19.				/	bpm		º F	
20.				/	bpm		º F	

Certification

I certify that the above-named chiropractic assistant (CA) completed 2-hours didactic training under my instruction on how to take a patient's vitals. In addition, my initials at each entry above certifies that I oversaw each practical exercise. The above-named CA now has the necessary skill to take a patient's vitals, and record them appropriately. *(Send a copy of this completed form to the OBCE.)*

Supervising DC Name (Print): _____ **DC Signature:** _____

Date: _____

OBCE 3218 Pringle Rd SE, Suite 150 Salem, OR 97305