

SUBJECT NAME: _____

VITAL CAPACITY: _____

<u>Time post</u>	<u>BP (mm Hg)</u>	<u>Pulse pressure</u>	<u>MAP</u>	<u>Heart rate</u>	<u>Tidal volume</u>	<u>Resp. rate</u>	<u>Minute volume</u>
<u>exercise (min)</u>	<u>syst/diast</u>	<u>(mm Hg)</u>	<u>(mm Hg)</u>	<u>(beats/min)</u>	<u>(L/breath)</u>	<u>(breaths/min)</u>	<u>(L/min)</u>
Resting							
Light exercise							
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1							
4							
8							
12							
*****	*****	*****	*****	*****	*****	*****	*****
Resting							
Heavy exercise							
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1							

4

8

12