Student Name_____
Date Submitted_____

ECG RECORD SHEET

Directions: Staple this sheet to the top of 5 ECGs / ECG Analysis Sheets

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ECG #_____

Name_____ Date _____

Age _____ Pulse_____ Medications _____

Special Category* (circle if any apply): OA BB HCM

ECG #_____

Name_____ Date _____

Age _____ Pulse_____ Medications _____

Special Category* (circle if any apply): OA BB HCM

ECG #_____

Name_____ Date _____

Age _____ Pulse_____ Medications _____

Special Category* (circle if any apply): OA BB HCM

ECG #_____

Name_____ Date _____

Age _____ Pulse_____ Medications _____

Special Category* (circle if any apply): OA BB HCM

ECG #_____

Name_____ Date _____

Age _____ Pulse_____ Medications _____

Special Category* (circle if any apply): OA BB HCM

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*Special Categories: OA = Older Adult (> age 55), BB = large breasted female,
HCM = hairy chested male