

Candidate's Name: \_\_\_\_\_  
(Please Print)

**BLOOD PRESSURE:**  
\_\_\_\_\_ / \_\_\_\_\_ mmHg

**PULSE and RESPIRATIONS:**  
PULSE: \_\_\_\_\_ beats    RESPIRATIONS: \_\_\_\_\_ breaths

**WEIGHT:**  
\_\_\_\_\_ lbs.

**MEAL INTAKE:**  
FOOD INTAKE: \_\_\_\_\_ %    FLUID INTAKE: \_\_\_\_\_ mL

**URINE OUTPUT:**  
\_\_\_\_\_ mL

Candidate's Signature: \_\_\_\_\_

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