

Candidate's Name: _____
PLEASE PRINT

TEMP: _____ PULSE: _____ RESP: _____

BP: _____ / _____ PULSE OX: _____ %

HEIGHT: _____ WEIGHT: _____

GLASS 1: _____	FOOD INTAKE: _____ %
GLASS 2: _____	FLUID INTAKE: _____ ml
GLASS 3: _____	URINARY OUTPUT: _____ ml
Total Intake: _____ ml	

Candidate's Signature: _____

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