Candidate's Name: _____
PLEASE PRINT

PULSE: _____ *beats* **RESPIRATIONS:** _____ *breaths*

URINARY OUTPUT: _____ cc/ml   **WEIGHT**: _____ lbs.

BLOOD PRESSURE: _____ / _____

GLASS 1: _____	
GLASS 2: _____	
TOTAL FLUID INTAKE: _____ cc/ml	**FOOD INTAKE**: _____%

Candidate's Signature: _____

Candidate's Name: _____
PLEASE PRINT

PULSE: _____ *beats* **RESPIRATIONS:** _____ *breaths*

URINARY OUTPUT: _____ cc/ml   **WEIGHT**: _____ lbs.

BLOOD PRESSURE: _____ / _____

GLASS 1: _____	
GLASS 2: _____	
TOTAL FLUID INTAKE: _____ cc/ml	**FOOD INTAKE**: _____%

Candidate's Signature: _____

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BLOOD PRESSURE: _____ / _____

GLASS 1: _____	
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TOTAL FLUID INTAKE: _____ cc/ml	**FOOD INTAKE**: _____%

Candidate's Signature: _____

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