Candidate's Name: _____
PLEASE PRINT

PULSE: _____   **RESPIRATIONS**: _____

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

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

Candidate's Signature: _____

Candidate's Name: _____
PLEASE PRINT

PULSE: _____   **RESPIRATIONS**: _____

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

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

Candidate's Signature: _____

Candidate's Name: _____
PLEASE PRINT

PULSE: _____   **RESPIRATIONS**: _____

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

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

Candidate's Signature: _____

Candidate's Name: _____
PLEASE PRINT

PULSE: _____   **RESPIRATIONS**: _____

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

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

Candidate's Signature: _____

Candidate's Name: _____
PLEASE PRINT

PULSE: _____   **RESPIRATIONS**: _____

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

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

Candidate's Signature: _____

Candidate's Name: _____
PLEASE PRINT

PULSE: _____   **RESPIRATIONS**: _____

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

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

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