

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	

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