Candidate's Name:				Candidate's Name:				
Candidate's Name:PLEASE PRINT				PLEASE PRINT				
PULSE: RESPIRATIONS:				PULSE:	PULSE: RESPIRATIONS:			
URINARY OUTPUT:	ml	WEIGHT:	lbs.	URINARY OUTPUT:	ml	WEIGHT:	lbs.	
GLASS 1: GLASS 2:				GLASS 1: GLASS 2:				
TOTAL FLUID INTAKE:	ml	FOOD INTAKE:	%	TOTAL FLUID INTAKE:	ml	FOOD INTAKE:	%	
Candidate's Signature:				Candidate's Signature:				
Candidate's Name:PLEASE PRINT				Candidate's Name:PLEASE PRINT				
PULSE: RESPIRATIONS:				PULSE: RESPIRATIONS:				
URINARY OUTPUT:	ml	WEIGHT:	lbs.	URINARY OUTPUT:	ml	WEIGHT:	lbs.	
GLASS 1: GLASS 2:				GLASS 1: GLASS 2:				
TOTAL FLUID INTAKE:	ml	FOOD INTAKE:	%	TOTAL FLUID INTAKE:	ml	FOOD INTAKE:	%	
Candidate's Signature:				Candidate's Signature:				
Candidate's Name:PLEASE PRINT				Candidate's Name:PLEASE PRINT				
PULSE:	E: RESPIRATIONS:			PULSE:	_ RESPI	RESPIRATIONS:		
URINARY OUTPUT:	ml	WEIGHT:	lbs.	URINARY OUTPUT:	ml	WEIGHT:	lbs.	
GLASS 1: GLASS 2:				GLASS 1: GLASS 2:				
TOTAL FLUID INTAKE:	ml	FOOD INTAKE:	%	TOTAL FLUID INTAKE:	ml	FOOD INTAKE:	%	
Candidate's Signature:				Candidate's Signature:				