Candidate's Name: _____

PLEASE PRINT

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

URINARY OUTPUT: _____ ml

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

Candidate's Signature: _____

Candidate's Name: _____

PLEASE PRINT

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

URINARY OUTPUT: _____ ml

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

Candidate's Signature: _____

Candidate's Name: _____

PLEASE PRINT

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

URINARY OUTPUT: _____ ml

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

Candidate's Signature: _____

Candidate's Name: _____

PLEASE PRINT

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

URINARY OUTPUT: _____ ml

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

Candidate's Signature: _____

Candidate's Name: _____

PLEASE PRINT

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

URINARY OUTPUT: _____ ml

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

Candidate's Signature: _____

Candidate's Name: _____

PLEASE PRINT

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

URINARY OUTPUT: _____ ml

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

Candidate's Signature: _____

Candidate's Name: _____

PLEASE PRINT

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

URINARY OUTPUT: _____ ml

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

Candidate's Signature: _____