



## RECORDING MEASUREMENT FORM

Resident's Name: *(Do not need to complete for test)*

Date: *(Do not need to complete for test)*

**Record  
Respirations**

\_\_\_\_\_ /minute

\_\_\_\_\_  
Candidate's Signature



## RECORDING MEASUREMENT FORM

Resident's Name: *(Do not need to complete for test)*

Date: *(Do not need to complete for test)*

Record Pulse
_____ /minute

\_\_\_\_\_  
Candidate's Signature

## INTAKE AND OUTPUT FORM (I&O) (Not Required for Wyoming)

Resident's Name: *(Do not need to complete for test)*

Date: *(Do not need to complete for test)*

<b>Intake</b>			
Time	Type (oral, IV or Tube Feeding)	Amount in ml (or cc's)	Initials

<b>Output</b>			
Time	Type (Urine, emesis or diarrhea)	Amount in ml (or cc's)	Initials

\_\_\_\_\_  
Candidate's Signature



## FOOD AND FLUID INTAKE FORM

Resident's Name: *(Do not need to complete for test)*

Date: *(Do not need to complete for test)*

Intake	Amount of Food Eaten	Amount of Fluid Intake
Check one: <input type="checkbox"/> Meal <input type="checkbox"/> Snack	Check one: <input type="checkbox"/> 0% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100%	Check one: <input type="checkbox"/> 0% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100%

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Candidate's Signature



# RECORDING MEASUREMENT FORM *(Florida Only)*

Resident's Name: *(Do not need to complete for test)*

Date: *(Do not need to complete for test)*

Record Pulse	
1 <sup>st</sup> Measurement →	_____/minute
2 <sup>nd</sup> Measurement →	_____/minute

\_\_\_\_\_  
Candidate's Signature