



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)

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

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

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

Output			
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%

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 st Measurement →	_____ /minute
2 nd Measurement →	_____ /minute

Candidate's Signature