



## 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<br>(oral, IV or Tube Feeding) | Amount in<br>ml (or cc's) | Initials |
|               |                                    |                           |          |

| <b>Output</b> |                                     |                           |          |
|---------------|-------------------------------------|---------------------------|----------|
| Time          | Type<br>(Urine, emesis or diarrhea) | Amount in<br>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:<br><input type="checkbox"/> Meal<br><input type="checkbox"/> Snack | Check one:<br><input type="checkbox"/> 0% <input type="checkbox"/> 25% <input type="checkbox"/> 50%<br><input type="checkbox"/> 75% <input type="checkbox"/> 100% | Check one:<br><input type="checkbox"/> 0% <input type="checkbox"/> 25% <input type="checkbox"/> 50%<br><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 <sup>st</sup> Measurement<br>→ | _____/minute |
|                                  |              |
| 2 <sup>nd</sup> Measurement<br>→ | _____/minute |

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