

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 cc's	Initials

Output			
Time	Type (urine, emesis or diarrhea)	Amount in cc's	Initials

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 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

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