

RECORDING SHEET FOR MEASUREMENT SKILLS



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Date _____

Test Site ID _____

CANDIDATE NAME _____

CANDIDATE ID _____

EVALUATOR NAME _____

EVALUATOR ID _____

SAMPLE

SKILL TESTED	
<i>Evaluator must check one box next to the skill being tested.</i>	
<input type="checkbox"/> Blood Pressure	<input type="checkbox"/> Respirations
<input type="checkbox"/> Oral Temperature	<input type="checkbox"/> Urine Output
<input type="checkbox"/> Radial Pulse	<input type="checkbox"/> Weight

CANDIDATE RESULTS	EVALUATOR RESULTS

