



## RECORDING SHEET FOR MEASUREMENT SKILLS

Date \_\_\_\_\_

Test Site ID \_\_\_\_\_

**CANDIDATE NAME** \_\_\_\_\_

**CANDIDATE ID** \_\_\_\_\_

EVALUATOR NAME \_\_\_\_\_

EVALUATOR ID \_\_\_\_\_

SAMPLE

<b>SKILL TESTED</b>	
<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"/> Urine Output
<input type="checkbox"/> Radial Pulse	<input type="checkbox"/> Weight

<b>CANDIDATE RESULTS</b>	<b>EVALUATOR RESULTS</b>

**Credentia**