

NURSING UNIT 24 HOUR REPORT				WARD/UNIT	CAPACITY	CENSUS AT 0700 HRS	DATE
For use of this form, see AR 40-3; the proponent agency is the Office of The Surgeon General.							
ADM DATA	DAY	EVENING	NIGHT	OTHER NOTATIONS			
CENSUS				DAY	EVENING	NIGHT	
ADMISSIONS							
TRANSFER IN							
TRANSFER OUT							
DISPOSITIONS							
VACANT BEDS							
NURSE'S SIGNATURE							
<i>Check one</i> <input type="checkbox"/> SI <input type="checkbox"/> VSI <input type="checkbox"/> NEW ADM		HOSPITAL DAY	POST-OP DAY	DIAGNOSIS/SURGICAL PROCEDURE			
PATIENT'S IDENTIFICATION		DAY	EVENING	NIGHT			
<i>Check one</i> <input type="checkbox"/> SI <input type="checkbox"/> VSI <input type="checkbox"/> NEW ADM		HOSPITAL DAY	POST-OP DAY	DIAGNOSIS/SURGICAL PROCEDURE			
PATIENT'S IDENTIFICATION		DAY	EVENING	NIGHT			
<i>Check one</i> <input type="checkbox"/> SI <input type="checkbox"/> VSI <input type="checkbox"/> NEW ADM		HOSPITAL DAY	POST-OP DAY	DIAGNOSIS/SURGICAL PROCEDURE			
PATIENT'S IDENTIFICATION		DAY	EVENING	NIGHT			

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