



**Name:**

**DOB:**

**Date:**

Test	Normal Range	Results
Leukocytes	Negative	
Nitrogen	Negative	
Urobilinogen	0.2 or 1	
Protein	Negative or trace	
pH	5.0-8.5	
Blood	Negative	
Specific gravity	1.000-1.030	
Ketones	Negative	
Bilirubin	Negative	
Glucose	Negative or Trace	

**Health Care Staff**

**Date**



Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.

Distribution: Student Medical Record

CS-0858

Rev: 10/12





**Instructions for use of form**

This form is to be completed by clinic staff to document the results of urinalysis tests.



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