



Certificate of Completion
IS HEREBY GRANTED TO

Christopher Foss Jr.
NAME

TO CERTIFY THAT THEY HAVE COMPLETED TO SATISFACTION IN

Medical Training
TYPE OF TRAINING

02/25/20
COMPLETION DATE

Kathy J. RN
TRAINER SIGNATURE

Hands on Medical Training for all new DCS

Vital Signs: Pulse, respirations, blood pressure, temperature, pulse oximeter, weight-Licensing requirements

Hand washing

Proper gloving

Universal precautions

Prevention of communicable diseases (MRSA, Influenza, respiratory infections)

Transferring: Gait belt use, wheelchair, shower chair, in or out of vehicles

Fall prevention: walker use, no throw rugs, hand rails, well lit hallways

Eating disorders: dysphasia and choking, positioning, special feeding equipment

Special Diets: pureed, thickit, mechanical soft

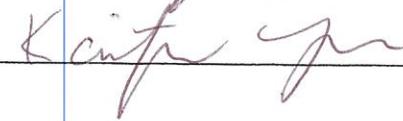
Staff Signature



Date

02/25/20

Nurse Signature



Date

2/25/20