



**Certificate of Completion**  
**IS HEREBY GRANTED TO**

\_\_\_\_\_  
Aline Mejia  
NAME

TO CERTIFY THAT THEY HAVE COMPLETED TO SATISFACTION IN

\_\_\_\_\_  
Medical Training  
TYPE OF TRAINING

2-25-2020  
COMPLETION DATE

\_\_\_\_\_  
Kathleen 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 2/25/20

Nurse Signature  Date 2/25/20