



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

NAME Thomas Weibel

TO CERTIFY THAT THEY HAVE COMPLETED TO SATISFACTION IN

Medical training

TYPE OF TRAINING

COMPLETION DATE 1/20/21

Kathryn Jm 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

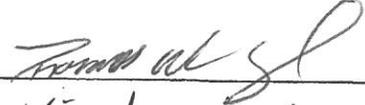
Prevention of communicable diseases (MRSA, Influenza, respiratory infections)

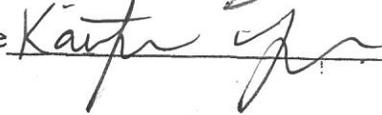
Transferring: Gait belt use, wheelchair, shower chair, in or out of vehicles

Fall prevention: walker use, no throw rugs, handrails, well-lit hallways

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

Special Diets: pureed, thick-it, mechanical soft

Staff Signature  Date 1/26/21

Nurse Signature  Date 1/26/21