



Certificate of Completion
IS HEREBY GRANTED TO

Anna Wiley
NAME

TO CERTIFY THAT THEY HAVE COMPLETED TO SATISFACTION IN

Medical Training
TYPE OF TRAINING

10/3/21 Michael Anderson
COMPLETION DATE TRAINER SIGNATURE

Hands on Medical Training for all new

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

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

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

Special Diets: pureed, thickit, mechanical soft

Staff Signature: *[Signature]* Date: 01/31/21

Nurse Signature: *[Signature]* Date: 6-3-21