



Certificate of Completion
IS HEREBY GRANTED TO

Heather Marchi
NAME

TO CERTIFY THAT THEY HAVE COMPLETED TO SATISFACTION IN

Medical Training
TYPE OF TRAINING

6-3-21
COMPLETION DATE

Muriel Ann Kocob RL
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: Heather W. Gault Date: 6-3-21
Nurse Signature: Meredith Bullock RN Date: 6-3-21