Proof of Competency

Adaptive Equipment Review

Name: Chris Stautz **Work Location:** Long Prairie #1

I certify that I have read, reviewed, and understand the following adaptive equipment policies and procedures.

- ☒ Glasses
- ☐ Contacts
- ☐ Dentures/ Oral Prosthetics
- ☐ Walker
- ☐ Cane
- ☐ Hoyer Lift
- ☐ C-PAP
- ☐ Epi-Pen
- ☐ Glucometer and Lancets
- ☐ Wheelchair
- ☐ Gait Trainer
- ☐ Hearing Aid(s)
- ☐ Braces (arm, leg, back)
- ☐ TED Socks (compression stockings)
- ☐ Prosthetics
- ☐ Oxygen Tank
- ☐ Oxygen Concentrator
- ☐ Helmet
- ☐ AFO
- ☐ Splints
- ☐ Shower Chair
- ☐ Nebulizer
- ☐ Reclining Lift Chair
- ☐ Stander
- ☐ VNS Device
- ☐ G-Tube
- ☒ Inhaler
- ☐ Adaptive Utensils
- ☐ Oral Braces
- ☐ Gait Belt
- ☐ Incontinence Products
- ☐ Insulin Pen
- ☐ Other: _____
- ☐ Other: _____
- ☐ Other: _____

Signature: _____ **Date:** 7-11-23