



On-Site Orientation Checklist (Person Specific)

Employee Name: MANOJU VIK On-Site Date: 8/7/2020

Individual Specific

This orientation, your background check, and all over-riding training must be completed before a staff is allowed to work independently, or left alone with any individual receiving services. It is intended this document be completed while the staff is working at the site with the individual receiving services present and while assisting with daily routines. After the Supervisor has gone over the information with the staff and they have both signed this training document, it will be placed in the staff's training file. At this point, the staff may work independently.

Client Name: <u>MANOJU VIK</u>	Listed area of training	Date of Training
Overriding Medical Needs: <u>None</u>	Listed area of training	Date of Training
Physician/Therapist specific Orders: <u>None</u>	Listed area of training	Date of Training
CSSF Identified Trainings:	Listed area of training	Date of Training
I understand I cannot work independently until completing Employee Onsite Orientation, and all over-riding medical training listed above.		

Staff initials MM  
Supervisor initials MM

Staff Initials	Medical Topic
	Pertinent medical conditions have been reviewed with me and I know how to respond.
	I understand the information I am supposed to provide and level of assistance necessary during appointments for this individual.
	I understand how, where to take this individual to the hospital or emergency room.
	I have reviewed the side effect information for all Prescription Drugs & Over the Counter Drugs.
	I am familiar with the name, type, and reason for each medication and its individual uses.
	List the individual specific instructions for administering medications for this individual. (How does this person usually take their meds? example: mixed into food, taken with pudding, taken with water or juice, special language or requests used, etc.) specifics: <u>None</u>
	I am aware of any allergies listed on this individual's medication treatment sheets.
	I understand when to administer and document a Standing Order Medications/PRN (As Needed) to this person.
	I understand I may not pass a medication until I have received training to do so and
	I understand I may not pass a medication until I have demonstrated my ability to do so for each type of medication.

Staff initials MM  
Supervisor initials MM

