

Occupational Health

Name _____ Telephone _____ Who is your recruiter? _____ Date _____

Instructions: This checklist is meant to serve as a general guideline for our client facilities as to the level of your skills within your nursing specialty. Please use the scale below to describe your experience/expertise in each area listed below.

TRAUMA

	Never Performed	Limited Experience	Comfortable Performing	Proficient
Care of Patient with Minor Trauma				
Care of Patient with Major Trauma				
Care of Patient with M.A.S.T. Suit				

BURNS

	Never Performed	Limited Experience	Comfortable Performing	Proficient
Care of Patient with First Degree				
Care of Patient with Second Degree				
Care of Patient with Third Degree				
Care of Patient with Electrocution				
Care of Patient with Hazardous Material Exposure				

LACERATIONS

	Never Performed	Limited Experience	Comfortable Performing	Proficient
Care of Patient with Assessment				
Care of Patient with Cleansing				
Care of Patient with Steri-Strips				
Care of Patient with Dressing				

SPRAIN/STRAIN

	Never Performed	Limited Experience	Comfortable Performing	Proficient
Assessment				
Carpal Tunnel				
Tendonitis				
Epicondylitis				

PHYSICAL

	Never Performed	Limited Experience	Comfortable Performing	Proficient
Safety				
Return to work				
Respirator				
Vital Signs				
Height/Weight				
Blood Draw				
Medical Referral Form				
Medical Certification Form				
Medical History Questionnaire				
Potassium Iodide Assessment				

F9GHF7HCBG

	Never Performed	Limited Experience	Comfortable Performing	Proficient
Temporary Restrictions				
Permanent Restrictions				
Pulmonary Function				
Audiometry				
Vision Testing				
X-Ray				
Urine Testing				
Drug Testing				
Breath Analyzer				

IMMUNIZATIONS

	Never Performed	Limited Experience	Comfortable Performing	Proficient
Havrix (Hepatitis A)				
Influenza Vaccine				
Meningitis Vaccine				
Tetanus & Diphtheria				
Oral Typhoid Vaccine				
Polio Vaccine				
Hepatitis B Vaccine				
Japanese Encephalitis B				
Typhim (injectable type)				
Yellow Fever Vaccine				
Statin Medications				

Do you speak any languages other than English? Yes No **If yes, which language(s)?**

Age Specific Skills

Check the box under EACH age group that you have experience with and are comfortable with for each skill below.

Neonates(0-30 days)	Infants(1 mo-1 yr)	Toddlers(1-3 yrs)
Preschool(4-6 yrs)	School Age(7-12 yrs)	Adolescent(13-18 yrs)
Young Adult(19-39 yrs)	Middle Adults(40-64 yrs)	Older Adults(65+ yrs)

Understands the different communication needs for the age group & changes communication methods and terminology accordingly

Neonates(0-30 days)	Infants(1 mo-1 yr)	Toddlers(1-3 yrs)
Preschool(4-6 yrs)	School Age(7-12 yrs)	Adolescent(13-18 yrs)
Young Adult(19-39 yrs)	Middle Adults(40-64 yrs)	Older Adults(65+ yrs)

Understands the different medications, dosages and possible side effects for the age group and administers medications appropriately

Neonates(0-30 days)	Infants(1 mo-1 yr)	Toddlers(1-3 yrs)
Preschool(4-6 yrs)	School Age(7-12 yrs)	Adolescent(13-18 yrs)
Young Adult(19-39 yrs)	Middle Adults(40-64 yrs)	Older Adults(65+ yrs)

Understands the different safety risks for the age group and alters the environment accordingly

Neonates(0-30 days)	Infants(1 mo-1 yr)	Toddlers(1-3 yrs)
Preschool(4-6 yrs)	School Age(7-12 yrs)	Adolescent(13-18 yrs)
Young Adult(19-39 yrs)	Middle Adults(40-64 yrs)	Older Adults(65+ yrs)

Understands the normal growth and development for the age group and adapts care accordingly

Neonates(0-30 days)	Infants(1 mo-1 yr)	Toddlers(1-3 yrs)
Preschool(4-6 yrs)	School Age(7-12 yrs)	Adolescent(13-18 yrs)
Young Adult(19-39 yrs)	Middle Adults(40-64 yrs)	Older Adults(65+ yrs)

I hereby certify that ALL information I have provided to Clover Health Services, on this skills checklist and all other documentation, is true and accurate. I understand and acknowledge that any misrepresentation or omission may result in disqualification from employment and/or immediate termination.