

Annual Self-Assessment and Physical Capabilities

Employee Name: _____ **Start Date:** _____

<i>Please check either "YES" or "NO" to the following questions:</i>	YES	NO
I am able to stand for long periods of time.		
I am able to walk between patient's rooms or run during emergencies.		
I speak clearly so listeners understand.		
I am able to understand and follow the directions of other people in emergency situations.		
I am able to make quick, precise adjustments to medical equipment controls.		
I am able to see differences between colors, shades and brightness.		
I am able to hear sounds and recognize the difference between them.		
I am able to react quickly and correctly in a crisis situation.		
I am able to use my muscles to lift, push, pull or carry heavy objects.		

Please list any limitations or restrictions you may have that prevent you from performing your job specific duties:

<i>Please check the box that best describes your performance:</i>	Excellent	Very Good	Good	Needs Improvement
<i>Professionalism:</i> Cooperative with Hospital Management and staff.				
<i>Quality:</i> Adheres to Hospital policies and procedures relating to patient care.				
<i>Teamwork:</i> Works well with others, cooperates and buys into the team concept.				
<i>Attendance:</i> Meets target hours and is reliable and on time.				

Additional Comments: _____

Employee Signature: _____ **Date:** _____

Annual Policy Signoff Sheet

I, _____, certify that I have read and understand all the following policies and procedures:

Worldwide Travel Staffing Employee Manual / Field Staff Handbook

Bloodborne Pathogens Policy

Universal Precautions Policy

Hand Washing Policy

Back Safety Policy

Fire Safety & Prevention Policy

Electrical Safety Policy

Employee Rights Under the OSHA Standard

Hazard Communication Policy

Additional Policies & Procedures (For non-routine work tasks)

How to Use a Material Safety Data Sheet

Signature: _____ **Date:** _____