

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 or traverse between patient care areas and move quickly during emergency situations		
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 respond promptly in crisis situations.		
I am able to use my muscles to lift, push, or pull in order to carry out all of my assigned duties.		

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 facility management and staff.				
<i>Quality:</i> Adheres to facility 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 the following policies, procedures, and corresponding training materials*:

- | | |
|---|--|
| <input type="checkbox"/> Worldwide Travel Staffing Employee Manual / Field Staff Handbook | <input type="checkbox"/> Infection Control & Prevention |
| <input type="checkbox"/> Health and Safety Policy and Procedure Manual | <input type="checkbox"/> Intellectual or Developmental Disabilities and Alzheimer's & Dementia** |
| <input type="checkbox"/> Health and Safety Training Materials | <input type="checkbox"/> National Patient Safety Goals |
| <input type="checkbox"/> Age-Specific Competency | <input type="checkbox"/> Non-routine work tasks |
| <input type="checkbox"/> Back Safety | <input type="checkbox"/> Pain Assessment, Management, Recognition, and Screening |
| <input type="checkbox"/> Bloodborne Pathogens | <input type="checkbox"/> Resident adjustment to institutional life |
| <input type="checkbox"/> Diversity and Sensitivity in the Workplace | <input type="checkbox"/> Resident Rights |
| <input type="checkbox"/> Electrical Safety | <input type="checkbox"/> Sexual Harassment in the Workplace |
| <input type="checkbox"/> Employee Rights Under the OSHA Standard | <input type="checkbox"/> Tuberculosis Training |
| <input type="checkbox"/> Fire Safety & Prevention | <input type="checkbox"/> Universal and Standard Precautions |
| <input type="checkbox"/> First Aid | <input type="checkbox"/> Using a Safety Data Sheet (SDS) |
| <input type="checkbox"/> Hand Hygiene | <input type="checkbox"/> Violence Prevention |
| <input type="checkbox"/> Hazard Communication | <input type="checkbox"/> Vulnerable Adults Training** |
| <input type="checkbox"/> HIPAA Training | |

* Electronic copies of all policies, procedures, and corresponding training materials are available online at www.worldwidetravelstaffing.com

** Required for Minnesota Assignments only

Signature: _____ Date: _____