

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 and completed applicable training*:

- | | |
|---|--|
| <input type="checkbox"/> Worldwide Travel Staffing Employee Manual / Field Staff Handbook | <input type="checkbox"/> Sexual Harassment in the Workplace |
| <input type="checkbox"/> Health and Safety Policy | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Bloodborne Pathogens Policy | <input type="checkbox"/> National Patient Safety Goals |
| <input type="checkbox"/> Universal Precautions Policy | <input type="checkbox"/> Standard Precautions |
| <input type="checkbox"/> Hand Washing Policy | <input type="checkbox"/> Violence Prevention |
| <input type="checkbox"/> Back Safety Policy | <input type="checkbox"/> Vulnerable Adults Training |
| <input type="checkbox"/> Fire Safety & Prevention Policy | <input type="checkbox"/> Pain Assessment |
| <input type="checkbox"/> Electrical Safety Policy | <input type="checkbox"/> Pain Management |
| <input type="checkbox"/> Employee Rights Under the OSHA Standard | <input type="checkbox"/> Pain Screening |
| <input type="checkbox"/> Hazard Communication Policy | <input type="checkbox"/> Pain Recognition |
| <input type="checkbox"/> Additional Policies & Procedures (For non-routine work tasks) | <input type="checkbox"/> First Aid |
| <input type="checkbox"/> How to Use a Safety Data Sheet (SDS) | <input type="checkbox"/> Resident Rights |
| <input type="checkbox"/> Age Specific Competency | <input type="checkbox"/> Resident adjustment to institutional life |
| <input type="checkbox"/> Cultural Diversity and Sensitivity in the Workplace | <input type="checkbox"/> Tuberculosis Training |

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

Signature: _____ Date: _____