

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 materials*:

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

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

Signature: _____ Date: _____