



## MEDICAL ASSISTANT SKILLS CHECKLIST

Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

### INSTRUCTIONS

Please provide accurate answers so we can correctly match your abilities to our client job requirements. Please check the level of experience and expertise you have in each skill category, using the following scale:

**#1 = Familiar with procedure but will usually or almost always require some assistance.**

**#2 = Competent and familiar with procedure:** I can perform this procedure with excellence, usually without assistance.

**#3 = Very competent:** I have at least 12 months experience and can perform this procedure with excellence and without assistance.

**NOTE:** Leave blank any procedures which you have **no experience, training or low competence.**

SKILLS:	1	2	3
<b>Lab Tests</b>			
Vision testing			
Pregnancy testing			
Urinalysis			
Hearing screening			
Throat swabs			
Vaginal swabs			
Stool swabs			
Venipuncture			
Capillary blood collection			
Stool collection			
Wound swabs			
Sputum collection			
Labeling			
Specimen preservation			
Other (list):			
<b>Emergencies</b>			
Fracture			
Bleeding			
Burns			
Cardiac/ Respiratory arrest			
Choking			
Poisoning			
Other (list):			
<b>Body Systems</b>			
Cardiovascular system			
Nervous system			
Urinary system			
Respiratory system			
Digestive system			

SKILLS:	1	2	3
Reproductive system			
Endocrine system			
Other (list):			
<b>General</b>			
Vital signs			
Stethoscope			
Cast supplies			
ECG machine			
Scale			
Nebulizers			
Wheelchairs			
Stretchers			
Exam table			
Oxygen			
Aseptic technique			
Other (list):			
<b>Office Duties</b>			
Scheduling patient appointments			
Ordering supplies			
Invoices			
Answering phones			
Filing			
Organizing medical records			
Internet/ computer skills/ e-mail			
Coding			
Third party billing			
Spread sheets			
Transcribing			
Other (list):			

<b>SKILLS:</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>Age Specific</b>			
Neo-natal			
Pediatrics			
Adolescents			
Adults			
Geriatrics			

**Certification:**

I hereby certify all statements and claims as true and that any misrepresentation of the facts on this skills checklist is sufficient cause for dismissal at any time without prior notice even if I have been already employed.

Full Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Retyped name acts as signature, if submitting form by email

Reviewed by \_\_\_\_\_ : Date: \_\_\_\_\_