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MEDICAL ASSISTANT SKILLS CHECKLIST

First Name	MI	Last Name
E-mail	Last 4 digits SS#	Date

Instructions: Please check the appropriate column that best describes your experience level for each knowledge competency and skill. Please use the rating scale below to evaluate yourself based on experiences within the last two years.

Self-Assessed Experience Rating Scale

1 = No Experience 2 = Minimal Experience 3 = Performs well/competent 4 = Supervise & Teach

SKILLS	1	2	3	4
Taking and Recording Ht. And Wt.				
Recording of History				
Blood Pressure				
TPR				
Recording Vital Signs				
Blood collection by				
Blood collection by capillary stick				
Knowledge of colors of test tube				
Urine collection/urinalysis				
Specimen handling and labeling				
Ability to perform EKG				
Injection:				
Intramuscular				
Subcutaneous				
Intradermal				
Wound dressing and changing				
Sterile technique				
Assisting in biopsies				
Assisting in suture or staple removal				
Knowledge of Universal Precaution				
Assisting in telephone triage				
Assisting in clerical duty				

Name:

Medical Assistant Skills Checklist

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PHYSICIAN'S PRACTICE	1	2	3	4
Cosmetic Surgery				
Dermatology				
Family practice				
Internal medicine				
Geriatrics				
OB-GYN				
Oncology				
Ophthalmology/Optomtrist				
Orthopedic				
Pediatrics				
Psychiatry				
Urology				

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

Signature

Date

Full Name (print)