

Performance Demonstration of Skills (Health)



Name: _____

Signature: _____

Employer: _____

Date: _____

Temperature (Demonstrate performance standard for measuring temperature using a glass thermometer.)

1 st Attempt	2 nd Attempt	Staff Comments:	3 rd Attempt	4 th Attempt	Staff Initials If Complete

Pulse (Demonstrate performance standard for manually measuring a radial pulse.)

1 st Attempt	2 nd Attempt	Staff Comments:	3 rd Attempt	4 th Attempt	Staff Initials If Complete

Respirations (Demonstrate performance standard for measuring respirations.)

1 st Attempt	2 nd Attempt	Staff Comments:	3 rd Attempt	4 th Attempt	Staff Initials If Complete

Blood Pressure (Demonstrate performance standard for manually measuring blood pressure.)

1 st Attempt	2 nd Attempt	Staff Comments:	3 rd Attempt	4 th Attempt	Staff Initials If Complete

First Aid for Seizures (Demonstrate performance standard for the first aid steps in response to a generalized tonic-clonic seizure.)

Staff Comments:	Staff Initials If Complete
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I have participated in the evaluation process as outlined in the form above. _____
Signature of MORC Staff