

MSc Physician Associate Studies: Proced	ural skills sign off sheet	
Student Name	Student number	

Procedure		
Blood Pressure	Full Name:	Date:
	Job Title:	Name of healthcare institution:
	Signature:	
Perform 12 lead ECG	Full Name:	Date:
	Job Title:	Name of healthcare institution:
	Signature:	
Undertake Respiratory Function	Full Name:	Date:
Tests Including Peak Flow Measurement	Job Title:	Name of healthcare institution:
	Signature:	
Commence and Manage Nebulised Therapy	Full Name:	Date:
,	Job Title:	Name of healthcare institution:
	Signature:	
Commence and Manage	Full Name:	Date:
Oxygen Therapy	Job Title:	Name of healthcare institution:
	Signature:	
Instruct Patients in the Use of	Full Name:	Date:
Devices for Inhaled Medication	Job Title:	Name of healthcare institution:
	Signature:	
Insert a Naso-gastric Tube	Full Name:	Date:
	Job Title:	Name of healthcare institution:
	Signature:	
Undertake a Nutritional	Full Name:	Date:
Assessment	Job Title:	Name of healthcare institution:
	Signature:	

Undertake Appropriate	Full Name:	Date:
Strapping and Splinting for	lah Tilla.	Name of booth care in stitution.
Common Musculoskeletal	Job Title:	Name of healthcare institution:
Injuries	Signature:	
Perform Fluroscein Dye	Full Name:	Date:
Examination of the Cornea		
	Job Title:	Name of healthcare institution:
	Signature:	
Obtain Swabs for High Vaginal	Full Name:	Date:
Cultures		
	Job Title:	Name of healthcare institution:
	Signature:	
Undertake Male and Female	Full Name:	Date:
Catherisation		
	Job Title:	Name of healthcare institution:
	Signature:	
Perform a Urine Dipstick	Full Name:	Date:
l chemia chine Dipolier	T dii Name.	Date.
	Job Title:	Name of healthcare institution:
	Signatura	
Undertake Simple Skin Suturing	Signature: Full Name:	Date:
Ondertake omple okin odtaring	Tuil Name.	Date.
	Job Title:	Name of healthcare institution:
	Cianatura.	
Undertake Simple Skin Suturing	Signature: Full Name:	Date:
and be competent in the use of	i uli ivallie.	Date.
Local Anaesthetics	Job Title:	Name of healthcare institution:
Daniel and all all and	Signature:	Data
Draw up and give Intramuscular, Subcutaneous, Intra-dermal and	Full Name:	Date:
Intravenous Injections	Job Title:	Name of healthcare institution:
, and a second angular second		
	Signature:	
Take a Venous blood sample,	Full Name:	Date:
using appropriate tubes for the required tests	Job Title:	Name of healthcare institution:
	Signature:	
Obtain an Arterial Blood Gas	Full Name:	Date:
(ABG) sample	Job Title:	Name of healthcare institution:
	See This.	Traine of floatinoare institution.
	Signature:	

Undertake venous cannulation	Full Name:	Date:		
and set up an infusion and		l		
infusion pump	Job Title:	Name of healthcare institution:		
	Signature:			
Measure body temperature,	Full Name:	Date:		
pulse rate and monitor oxygen		N		
saturation transcutaneously	Job Title:	Name of healthcare institution:		
	Signature:			
Take nose, throat and skin	Full Name:	Date:		
Swabs				
	Job Title:	Name of healthcare institution:		
	Signature:			
Supervisor 1:				
Name:				
Placement dates: FromTo				
Signature:				
Supervisor 2:				
Name:				
Placement dates: FromTo				

Signature:

Placement dates: From.....To......

Signature:

Placement dates: From.....To......

Signature:

Placement dates: From.....To......

Signature:

Supervisor 3:

Supervisor 4:

Supervisor 5:

Name:

Name:

Name: