



# Medical Assistant Skills Checklist

Name \_\_\_\_\_ Date \_\_\_\_\_

\*Please indicate your level of experience next to each skill in order to accurately match your skills and interests with the available assignments of our clients.

(1) Independent, (2) Requires Supervision, (3) Have never done (NA) does not pertain to my level of certification

Signature \_\_\_\_\_

LAB TESTS	1	2	3	NA		1	2	3	NA
Vision testing					<b>OFFICE DUTIES</b>				
Pregnancy testing					Scheduling patients				
Urinalysis					Ordering supplies				
Hearing screening					Invoices				
Throat swabs					Answering phones				
Vaginal swabs					Filing				
Venipuncture					Organizing medical records				
Capillary blood collection					Internet/computer skills/email				
Stool collection					Coding				
Wound swabs					Third party billing				
Sputum collection					Spread sheets				
Labeling					Transcribing				
Specimen preservation					Other (list):				
Other (list):					<b>General</b>				
<b>EMERGENCIES</b>					Vital Signs				
Fracture					Stethoscope				
Bleeding					Cast supplies				
Burns					ECG machine				
Cardiac/Respiratory arrest					Scale				
Choking					Nebulizers				
Poisoning					Wheelchairs				
Other (list):					Stretchers				
<b>BODY SYSTEMS</b>					Exam table				
Cardiovascular system					Oxygen				
Nervous System					Aseptic technique				
Urinary System					Other (list):				
Respiratory System					<b>Age Specific</b>				
Digestive System					Neo-natal				
Reproductive System					Pediatrics				
Endocrine System					Adolescents				
Other (list):					Adults				
					Geriatrics				