

HOPEWELL VALLEY ANNUAL SKILLS SESSION

NAME:

LAST , FIRST

2012

SQUAD AFFILIATION : _____

	Pass Needs work	(P) (W)	<u>EVALUATOR</u>	<u>DATE EVALUATED</u>
1 . Patient Assessment Medical Trauma	<input type="checkbox"/>		_____	/ / 2012
2 . Airway Tank Masks Suction	<input type="checkbox"/>		_____	/ / 2012
3 . Rx Interventions Nitroglycerin Metered Dose Inhaler Epinephrine Aspirin	<input type="checkbox"/>		_____	/ / 2012
4 . KED	<input type="checkbox"/>		_____	/ / 2012
5 . Hare Traction	<input type="checkbox"/>		_____	/ / 2012
6 . Operations Radio Communication EMS Charts	<input type="checkbox"/>		_____	/ / 2012
7 . Other Interventions CPR/AED Vital signs Bleeding Control Direct Pressure Elevation Tourniquet	<input type="checkbox"/>		_____	/ / 2012

COMMENTS: