



MATRIX HEALTHCARE SERVICES, INC.
Yearly Orientation Confirmation

Applicant/Employee Name: _____

Applicant/Employee SS Number: _____

Date: _____

I have received written documentation on the following topics and understand the content that was presented to me. I agree to be in compliance with all topics covered within this documentation.

- Needlestick Injury Prevention
- Preventing Medication Errors
- Banned Abbreviations
- Documenting Patient Care
- Blood Exposure
- Universal Precautions
- TB Information Facts
- Latex Allergies
- HIPAA Information and Compliance Information
- JCAHO and Age Specific Competency Information
- Pain Management/Assessment Information and Scales
- Child Maltreatment and Reporting Procedures
- Elder Abuse Information
- Lifting Safety Guide
- Moving Patients
- Preventing Patient Falls
- Work Safety
- Chemical Hazards
- Fire/Electrical Safety
- Surgical Laser Safety
- Effective Communication
- Self Confidence
- Stress
- Working Shifts
- Violence in the Workplace
- Chemical Dependency
- Domestic Violence Information
- HIV AIDS Information Sheet
- On the Job Injury/Illness Reporting Procedures

Applicant/Employee Signature: _____

Matrix Representative: _____