Job Analysis Form

SHORT FORM FOR PRE-EMPLOYMENT PHYSICALS

A more detailed form is available on the web at http://www.metrokc.gov/ohrm/kcjabanck/

PATIENT NAME: _________________________  JOB TITLE: Health Care Assistant
DEPARTMENT: Public Health, TB Clinic        WORK SCHEDULE: 40/week
JOB DESCRIPTION: Performs paraprofessional-level health care assistance duties in clinics and through specialized health care programs. Incumbents are responsible for clinical duties, office management, outreach, research and assessment duties.
WORK ENVIRONMENT: Clinic.
ESSENTIAL FUNCTIONS: Instruct patients on specimen collection. Collect and perform basic laboratory assessment of specimens such as, but not limited to, blood, urine and stool. Schedule laboratory tests. Respond to inquiries by phone and in person, identify clients’ needs, schedule client appointments as appropriate and refer clients to health care professional, when necessary. Collect and record measurements and vital signs; interview clients for medical, dietary and social history. Using established protocols, evaluate intake data for health risk factors and program eligibility. Identify, recruit and screen clients for health care services and for research studies. Provide basic health and nutrition information to clients as well as referrals to health care services and available resources. Serve as liaison and advocate for client and health care and community providers. Clean, stock and set up patient examination rooms and sterilize examination equipment. Order, inventory, monitor and maintain clinical and laboratory supplies. Maintain, document and process medical records. Collect and maintain laboratory records and data for research studies and program management. Conduct periodic reassessment of client needs. Make presentations to clients, other staff and community groups. Develop and maintain working relationships with referral sources.

I have reviewed the following Job Analysis for the above-named candidate.

______________________________    _____________________
Physician’s Signature             Date

Exposures:
___Outside weather
___Non-weather related temp below 55°
___Non-weather related temp above 75°
___Humidity/dampness
___Moving mechanical parts
___Exposed high places
___Vibration
X Toxic or caustic chemicals
___Confined spaces
___Wet
___Gasses
___Fumes
___Odors
___Dusts
___Mists
___Radiation
___Explosives
Noise Level ___________
X Bloodborne Pathogens

Special Requirements:
□ CDL     ☑ Respirator use