Medical Assisting

Event Category: Health Professions

Eligible Divisions: Secondary & Postsecondary / Collegiate	**Round One:** Online 50 Q test (60 minutes)	**Digital Upload:** NO
Solo Event: 1 competitor	**Round Two:** Skill(s) assessment	

Round 1 will take place during the SLC Online Testing Window
February 24th - March 2nd (8am-6pm)

- ✓ **Chapter advisors will coordinate testing time and location for the online testing session within the designated testing window.**
- ✓ **Chapter advisor must designate a proctor for the testing session that does not have content knowledge related to any HOSA event ensuring the integrity of the competitive events program.**

Event Summary

Medical Assisting provides members with the opportunity to gain the knowledge and skills required to assist in administrative and clinical tasks. This competitive event consists of two rounds. For SLC, Round One is an online, multiple-choice test, and the top-scoring competitors advance to Round Two for the skills assessment. This event aims to inspire members to become allied health professionals who respond and assist efficiently in clinical settings.

General Event Information

General Rules	Competitors must be familiar with and adhere to the General Rules and Regulations.
Dress Code	• **Round One:** The Chapter Advisor will determine the dress code requirements for all SLC online testing events. • **Round Two**: Attire appropriate to the occupational area. 26-27 HOSA Appendix D Dress Code FINAL .docx
Competitors Must Provide	• Laptop with internet access to the HOSA Online Testing System: https://testing.hosa.org/ • Photo ID for Round 2 • Barrier devices (non-latex gloves, gown, goggles or safety glasses, mask) • Non-latex sterile surgical gloves • Manual watch with second hand required for Round 2 Skill: Testing Urine with Reagent Strip (no Smart Watches) HOSA Conference Staff will provide equipment and supplies as listed in Appendix I
Official References	The references below are used in the development of the test questions and skill rating sheets: • Blesi, Wise, and Kelley-Arney. *Medical Assisting: Administrative and Clinical Competencies*. Cengage Learning. Latest edition. • Simmers, L., Simmers-Narker, K., Simmers-Kobelak, S., Morris L. *DHO: Health Science.* Cengage Learning, Latest edition. (SKILLS ONLY)

ROUND ONE- Test

Test Instructions	The online test will consist of 50 multiple-choice items in a maximum of 60 minutes.
Online Test Plan	The test plan for Medical Assisting is: ● Professionalism - 4% ● Communication Skills - 6% ● Anatomy & Physiology and Medical Terminology - 10% ● Legal and Ethical Issues - 10% ● Office Procedures - 10% ● Health Insurance and Coding - 10% ● Infection Control - 10% ● Collecting and Processing Specimens - 10% ● Diagnostic Testing - 10% ● Clinical Procedures and Equipment - 10% ● Physical Examinations - 10%
Sample Test Questions	1. Information in the medical record that the patient provides, which includes medical history and chief complaint, is classified as what type of information? (Blesi pp 545) A. Administrative **B. Subjective** C. Identifiable D. Objective 2. If a medical assistant makes a derogatory statement about the practices of another health professional, the medical assistant may be liable under what type of tort? (Blesi pp 41) A. Assault B. Battery **C. Defamation** D. Invasion of privacy 3. What is the patient's responsibility if a medical insurance policy has a deductible of $75? (Blesi pp 575) A. Patient does not have to pay the first $75 for service B. Patient may deduct this amount from the physician's bill C. Patient reimburses physician for $75 only **D. Patient has to pay this amount each year before the insurance company will pay**

ROUND TWO- Skills Assessment

1. The top competitors from Round One will advance to Round Two. The number of advancing competitors will be determined by the scores obtained in Round One and the space and time available for Round Two.

   Round Two finalists will be posted on the conference app and HOSA SLC website.

2. Round Two is a selected skill(s) performance. The Round Two skills approved for this event are:

Skill I-Perform a Telephone Screening	**4 minutes**
Skill II: Receive a New Patient and Create an Electronic Chart	**10 minutes**
Skill III: Obtain and Record a Patient Health History	**8 minutes**
Skill IV: Measure Head & Chest Circumference of Infant or Child	**5 minutes**
Skill V: Prepare/Assist with a Routine Physical Exam	**6 minutes**
Skill VI: Screen for Visual Acuity	**5 minutes**
Skill VII: Test Urine with Reagent Strip	**6 minutes**
Skill VIII: Sterile Gloving	**3 minutes**

3. For all skills, body fluids will be simulated products.

4. The selected skill(s) will be presented to competitors as a written scenario at the beginning of the round. The scenario will be the same for each competitor. A sample scenario can be found here. Some scenarios may involve the combination of multiple skills. If the event rating sheets are combined, it is not necessary to repeat a task a second time. An example would be competitors would not need to identify the patient twice.

5. Competitors must complete all skill steps listed in the guidelines, even if the steps must be simulated/verbalized. (If the equipment is available, the competitors would complete all skill steps as the scenario warrants. The competitors will simulate/verbalize the steps if the equipment is unavailable.)

6. Timing will begin when the scenario is presented to the competitors and will be stopped at the end of the time allowed. The scenario is a secret topic. Competitors MAY NOT discuss or reveal the secret topic until after the event has concluded or will face penalties per the GRRs.

7. Judges will provide information to competitors as directed by the rating sheets. Competitors may ask questions of the judges while performing skills, if the questions relate to patient's condition and will be included in the scenario or judge script. **Judges will not respond to questions that are not included in the judge script!**

8. Competitors must use all equipment correctly and safely. Judges will stop a student and not award points for a step if they see a competitor is about to cause a risk of harm or about to damage equipment or other supplies.

Final Scoring

1. The competitor must earn a score of 70% or higher on the combined skill(s) in Round Two-Skills Assessment in order to be recognized as an award winner at the SLC.

2. The final rank is determined by adding the round one test score plus the round two skill score. In the event of a tie, the highest test score will be used to determine the final placement.

International Leadership Conference (ILC) qualifiers

Go to https://hosa.org/guidelines/ for specifics about this competitive event at ILC.

June 22-25, 2027, Pennsylvania Convention Center in Philadelphia, Pennsylvania

High School/Post-Secondary/Collegiate Seniors

Don't wait until you graduate to join the HOSA alumni network! Graduating from high school or completing your postsecondary/collegiate program does not mean your HOSA journey has to end. As a HOSA member, you are eligible to become a HOSA Lifetime Alumni Member- a free and valuable opportunity to remain connected, give back, and help to shape the future of the organization. Learn more and sign up at hosa.org/alumni.

SC HOSA Scholarship

Application: https://www.schosa.org/students/scholarships/
Application Window Opens: December 1, 2026
Application Deadline: February 1, 2027

National HOSA Scholarship

Scholarship program has funding available for HOSA members who have an interest in various health careers! The application process begins January 1, 2027, and can be found here: https://hosa.org/scholarships/.

Medical Assisting

Skill I: Perform a Telephone Screening

Time: 4 minutes

Competitor #:_____ **Division:** _____SS _____PS/C **Judge's Signature:**_____

	Skill I: Perform a Telephone Screening	Possible		Awarded
1.	Answered the phone promptly (by the third ring) in a polite and pleasant manner.	**2**	**0**	
2.	Identified office and self by name, and asked "how may I help you?"	**2**	**0**	
3.	Voice was clear and distinct.	**2**	**0**	
4.	Spoke at a moderate rate.	**2**	**0**	
5.	Expressed consideration for the needs of the caller.	**2**	**0**	
6.	Listened to & recorded, on the HOSA Office Message Form: a. Who the message is for	**1**	**0**	
	b. Person who took the message	**1**	**0**	
	c. Date and Time	**1**	**0**	
	d. Patient's full name	**1**	**0**	
	e. Patient's date of birth	**1**	**0**	
	f. Patient's age	**1**	**0**	
	g. Caller's name & relationship to patient ***(if the Caller is the patient, judge will award these points)***	**1**	**0**	
	h. Reason for the call	**1**	**0**	
	i. Allergies	**1**	**0**	
	j. Call back #	**1**	**0**	
	k. Best time to call	**1**	**0**	
	l. Patient's Chart #	**1**	**0**	
	m. Medication refill	**1**	**0**	
	n. Medication/SIG	**1**	**0**	
	o. Pharmacy name	**1**	**0**	
	p. Pharmacy #	**1**	**0**	
	q. Documented urgency	**1**	**0**	

The expectation is that competitors read and are aware of all the content within these guidelines and associated links. Successful competitors will study all links for detailed information.

Skill I: Continued...		Possible		Awarded
7.	Accurately documented the information on the HOSA Office Message Form (page 6) and routed to the provider with the appropriate level of urgency.	**4**	**0**	
8.	Patient's chart attached to Message form.	**1**	**0**	
9.	After screening and routing the call, signed off on the message.	**2**	**0**	
10.	Closed call appropriately and allowed the caller to be the first to hang up.	**2**	**0**	
11.	Used appropriate verbal and nonverbal communication with patient other personnel.	**2**	**0**	
	Total Points- Skill I: 70% Mastery for Skill I-26.6	**38**		

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Competitor ID # _____

HOSA Medical Office Screening Chart and Message Form

REASON FOR CALL	ACTION BY MEDICAL ASSISTANT
PATIENT CALLS WITH AN EMERGENCY	Quickly record the patient's name and complaint and ask the patient to remain on the line and the 911 call initiated by office. Stay on the line until 911 has been contacted. Attach a note to the patient's chart and place it in the physician's message box.
PATIENT REQUESTS PRESCRIPTION REFILL	Take a message with essential information about the medication. Be sure to include the pharmacy name and number. Attach request to the patient's chart and place it in the physician's message box.
PATIENT CALLS WITH INSURANCE OR BILLING QUESTION	After confirming the identity of the patient, if the patient is entitled to the information, transfer the call to the insurance/billing coordinator. Provide the phone number, extension, person's name to whom they are being transferred in case of disconnection.
PATIENT REQUESTS TEST RESULTS	Unless instructed to place call directly to provider, take a message with essential information about results being sought. Attach request to the patient's chart and place it in the physician's message box.
PATIENT CALLS FOR FOLLOW-UP CALL	Unless instructed to place call directly to provider, complete message form and attach to chart and place in the provider's message box.
PATIENT ASKS TO TALK TO THE PHYSICIAN ABOUT A MEDICAL PROBLEM	Determine the urgency of the call. If it is an emergency, ask the patient to hang up and call 911. If the provider is unavailable, attach request to the patient's chart and place it in the provider's message box.

HOSA OFFICE MESSAGE FORM

For DR/NP/PA					Message taken by
Date	**Time** ☐AM ☐ PM	**Patient's Full Name**	**Pt DOB**	**Age**	**Allergies**
Caller's Name if not patient		**Relationship to patient**			**Urgent** ☐Yes ☐No
Message _____ _____ _____					
Call Back # ☐Work ☐Home ☐Cell	**Best time to Call** am pm	**Patient's Chart Attached** ☐ Yes ☐ No			**Patient's Chart #**
Medication Refill		**Medication/SIG**			
Pharmacy Name		**Pharmacy #**			
SIGNATURE & TITLE					

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Medical Assisting

Skill II: Receive a New Patient and Create an Electronic Chart

Time: 10 minutes

Competitor #:_____ **Division:** _____SS _____PS/C **Judge's Signature:**_____

	Skill II: Receive a New Patient and Create an Electronic Chart	**Possible**		**Awarded**
1.	Signed on to computer using appropriate login and password. (verbalized)	**1**	**0**	
2.	Greeted the patient promptly and courteously, called patient by their full name, and maintained eye contact.	**2**	**0**	
3.	Asked the patient for their insurance card.	**1**	**0**	
4.	Provided clipboard/pen and a blank HOSA Medical Office Registration form (page 9 of guidelines)	**1**	**0**	
5.	Instructed patient to complete the HOSA Medical Office Registration form	**1**	**0**	
6.	Scanned the insurance card (simulated), electronically attached it to the EHR (verbalized), and returned the card to the patient. ***The patient will then hand the competitor the completed, handwritten patient registration form. (a completed copy of page 9 of these guidelines).***	**1**	**0**	
7.	Opened a blank HOSA Medical Office Registration form (simulated EHR)	**1**	**0**	
USING THE MEDICAL OFFICE REGISTRATION FORM (simulated EHR) ENTERED THE FOLLOWING IN THE Electronic Health Record (Registration Form –page 10 of guidelines)				
8.	Full Name	**1**	**0**	
9.	Preferred Name	**1**	**0**	
10.	Street Address	**1**	**0**	
11.	City, State, Zip	**1**	**0**	
12.	Phone Number (Cell or Home)	**1**	**0**	
13.	OK to Leave Detailed Message on Above Phone	**1**	**0**	
14.	Email	**1**	**0**	
15.	Date of Birth	**1**	**0**	
16.	Last 4 Digits of Social Security #	**1**	**0**	
17	Marital Status	**1**	**0**	
18.	Preferred Language	**1**	**0**	
19.	Race	**1**	**0**	
20.	Ethnicity	**1**	**0**	
21.	Religion	**1**	**0**	

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Skill I: Continued...		Possible	Awarded
22.	Organ Donor	1 0	
23.	New to Practice	1 0	
24.	Referred by	1 0	
25.	Primary Physician	1 0	
26.	**Emergency contact information** a. Name	1 0	
	b. Relationship to Patient	1 0	
	c. Phone Number	1 0	
27.	Preferred Method of Communication	1 0	
28.	**Insured's Information** a. Subscriber (Insurance Holder) Name	1 0	
	b. Birthdate	1 0	
	c. Relation to Patient	1 0	
	d. Subscriber's Phone Number	1 0	
	e. Health Plan Name	1 0	
	f. Health Plan Address	1 0	
	g. Group Number	1 0	
	h. Subscriber Number	1 0	
	i. Eligibility Date	1 0	
	j. Co-pay	1 0	
29.	**Patient Employer Information** a. Employer Name	1 0	
	b. Employer Address	1 0	
	c. Employer Phone Number	1 0	
	d. Occupation	1 0	
30	Verbalized that form is properly signed and dated and added the original form to the patient chart.	1 0	
31.	Verified insurance coverage by running an eligibility check.	1 0	
32.	Used appropriate verbal and nonverbal communication with patient and other personnel.	2 0	
	Total Points- Skill II: 70% Mastery for Skill II: 33.6	**48**	

Competitor ID # _____

HOSA Medical Office Registration Form *electronic version*

CONTACT INFORMATION			
Full Name		Preferred Name	
Street Address		Phone Number (Cell or Home)	
City, State, Zip		OK to Leave Detailed Message	☒ Yes ☒ No
Email		Date of Birth	
Gender		Last 4 Digits of Social Security #	
Marital Status (circle one)	Single Married Divorced Widow Partner	Preferred Language	
Race (circle one)	African American-Black/ Asian/ Bi-Multi-Racial/ Pacific Islander-Hawaiian/ Caucasian-White/ Native American Eskimo Aleut/ Decline to State/ Other	Ethnicity	Hispanic-Latino/ None-Hispanic-Latino/ Other
Religion		Organ Donor	☒ Yes ☒ No
Are you new to the practice?	☒ Yes ☒ No	Who referred you to the practice?	
Who is your primary physician?			
EMERGENCY CONTACT INFORMATION			
Emergency Contact Name		Relationship to Patient	
Phone			
ON-LINE PATIENT PORTAL INFORMATION On-line portal is a confidential service available for patients.			
What is your preferred method of communication?	Phone _____ Letter _____ Patient Portal _____		
INSURANCE INFORMATION (Please give your card to the receptionist.)			
Subscriber (Insurance Holder) Name		Date of Birth	
Relation to Patient		Subscriber's Phone Number	
Health Plan Name		Health Plan Address	
Group Number		Subscriber Number	
Eligibility Date		Co-pay	
EMPLOYER INFORMATION			
Name		Address (Number, Street, City, State, Zip Code	
Employer Phone Number		Occupation	
The above information is true to the best of my knowledge. I authorize my insurance benefits be paid directly to the physician. I understand that I am financially responsible for any balance. I also authorize HOSA Medical Office or insurance company to release any information required to process my claims.			
Patient/Guardian Signature		**Date**	

Medical Assisting

Skill III: Obtain and Record a Patient Health History

Time: 8 minutes

Competitor #:_____ **Division:** _____SS _____PS/C **Judge's Signature:**_____

**This skill will be EITHER handwritten or entered directly into a printable PDF form using a computer.*

Fillable Medical Office Health History Form or pages 13-14 from guidelines

	Skill III: Obtain and Record a Patient Health History	Possible		Awarded
1.	**PAPER:** Obtained a blank medical history form, a pen, and a clipboard (if needed). **ELECTRONIC:** Opened a blank medical history form online.	1	0	
2.	Escorted the patient to a comfortable, private area.	1	0	
3.	Maintained appropriate distance of 1.5 to 4 feet from patient during interview.	1	0	
4.	Explained the purpose of the health history and informed the patient that all the information obtained is confidential.	2	0	
5.	Name, Date, DOB, Age, date of last physical, and occupation are recorded.	2	0	
6.	Listed the chief complaint and characteristics for today's visit.	2	0	
7.	Ensured that all medications (including dosages and reason for taking) are recorded.	2	0	
8.	Allergies are identified and recorded.	2	0	
9.	Asked all Symptoms questions of patient.	4	0	
10.	Properly expanded on any "symptoms" checked as YES	2	0	
11.	Asked all Diseases and Conditions of patient.	4	0	
12.	Properly expanded on any diseases or conditions listed in the Medical History section.	2	0	
13.	Ensured that all hospitalization and surgeries are included.	2	0	
14.	Properly expanded on all YES responses in the family and social history section	2	0	
15.	When finished writing/entering the information, summarized and clarified pertinent information with the patient.	2	0	
16.	Included notes on the Medical Office Health History Form, a summary of the findings on the patient's chart or EMR, highlighted significant information, assembled forms and had them ready for the provider.	4	0	

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17.	Thanked the patient and explained the next step in the examination, assuring the patient is comfortable and informed the patient of any wait time.	**2** **0**	
18.	Spoke in a clear and distinct voice.	**2** **0**	
19.	Gave the patient adequate time to answer before going on to the next question.	**2** **0**	
20.	Explained any terms the patient might not understand.	**2** **0**	
21.	Avoided getting off the topic and discussing irrelevant topics.	**2** **0**	
22.	Used appropriate verbal and nonverbal communication with patient and other personnel.	**2** **0**	
	TOTAL POINTS -- SKILL III 70% Mastery for Skill III = 32.9	**47**	

Competitor ID # _____

HOSA Medical Office Health History Form

Electronic version

Name: _____ Date: _____

Date of Birth: _____ Age: _____ Date of Last Physical Exam: _____

Occupation: _____

Chief Complaint: _____

Medications (List all medications you are currently taking.)	**Allergies** (List all allergies)

SYMPTOMS:

Do you have or have you ever had the following? Check each box that is answered "yes".

GENERAL
- Depression
- Headache
- Nervousness

GENERAL
- Fainting
- Fever
- Loss of Sleep

GENERAL
- Dizziness
- Forgetfulness
- Loss of Weight

MUSCLE/JOINT/BONE
- Arms
- Hands
- Neck

MUSCLE/JOINT/BONE
- Back
- Hips
- Shoulders

MUSCLE/JOINT/BONE
- Feet
- Legs

GENITO-URINARY
- Painful Urination

GENITO-URINARY
- Frequent Urination

GENITO-URINARY
- Lack of Bladder Control

GASTROINTESTINAL
- Constipation
- Excessive Thirst
- Indigestion

GASTROINTESTINAL
- Diarrhea
- Nausea
- Vomiting

GASTROINTESTINAL
- Excessive Hunger
- Hemorrhoids
- Rectal Bleeding

CARDIOVASCULAR
- Chest Pain
- Poor Circulation

CARDIOVASCULAR
- High Blood Pressure
- Rapid Heart Rate

CARDIOVASCULAR
- Low Blood Pressure
- Swelling of Ankles

EYE, EAR, NOSE, THROAT
- Difficulty Swallowing
- Ringing of Ears
- Vision - Halos

EYE, EAR, NOSE, THROAT
- Hay Fever
- Sinus Problems
- Persistent Cough

EYE, EAR, NOSE, THROAT
- Earache
- Hoarseness

SKIN
- Bruise Easily
- Change in moles
- Sores That Won't Heal

SKIN
- Hives
- Rash

SKIN
- Itching
- Scars

MEN only
- Breast Lump

MEN only
- Lump in Testicles

MEN only
- Other

WOMEN only
- Abnormal Pap Smear
- Painful Intercourse

Date of Last Menstrual Period _____

Date of Last Pap Smear _____

WOMEN only
- Bleeding Between Periods
- Hot Flashes

WOMEN only
- Breast Lump
- Other

**Please use the space below to explain any "yes" answers.*

MEDICAL HISTORY:

Check all Diseases and Conditions you have or have had in the past:

- Alcoholism
- Bleeding Disorder
- Diabetes
- Glaucoma
- Kidney Disease
- Psychiatric Care
- Tuberculosis
- Appendicitis
- Cancer
- Emphysema
- Heart Disease
- Liver Disease
- Stroke
- Ulcers
- Asthma
- Cataracts
- Epilepsy
- Hepatitis
- Pneumonia
- Thyroid Problems

Serious Illness/Injuries/Hospitalizations	Date	Outcome

Patient's Family and Social History:

	Yes	No	Quantity/Frequency
Do you use tobacco?	( )	( )	_____
Do you use drugs?	( )	( )	_____
Do you use alcohol?	( )	( )	_____
Do you use caffeine?	( )	( )	_____

Relation	Age	State of Health	Serious Illness and/or Cause of Death
Father			
Mother			
Brother			
Sister			

Summary Entry of Health History:

_____

_____

_____

_____

_____

_____

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Medical Assisting

Skill IV: Measure Head and Chest Circumference of the Infant or Child

Time: 5 minutes

Competitor #:_____ **Division:** _____SS _____PS/C **Judge's Signature:**_____

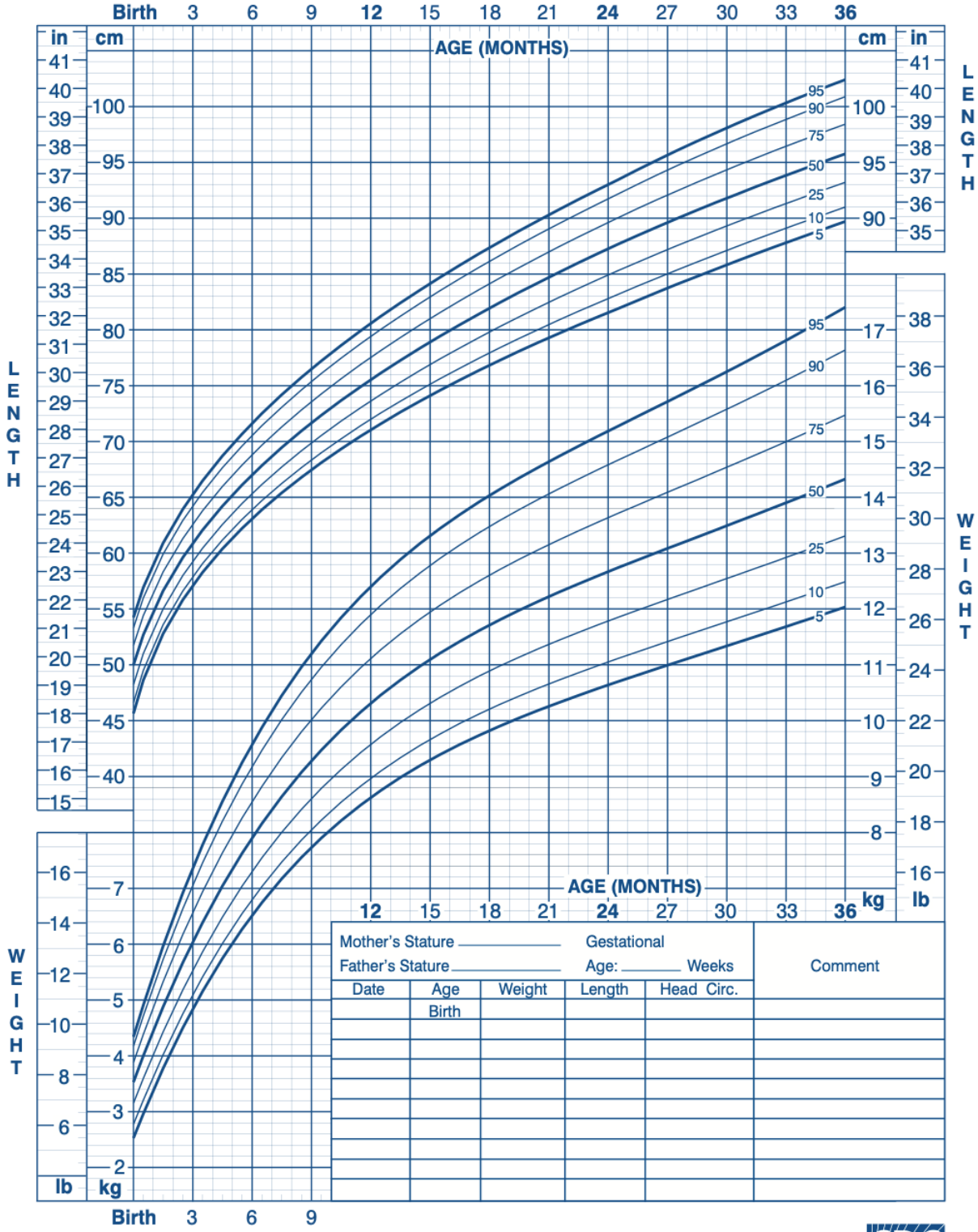
	Skill IV: Measure head and chest circumference of the infant or child	**Possible**	**Awarded**
1.	Washed hands or used alcohol-based hand-rub for hand hygiene.	**2 0**	
2.	Greeted patient/parent and introduced self.	**1 0**	
3.	Identified patient.	**2 0**	
4.	Explained the skill using language the patient/parent could understand.	**2 0**	
5.	Asked parent to remove clothing (diaper can remain on).	**1 0**	
6.	**HEAD CIRCUMFERENCE:** Laid the infant on their back.	**1 0**	
7.	Placed the flexible tape measure under the head, about an inch above the ears.	**1 0**	
8.	Pulled tape snugly around the forehead.	**1 0**	
9.	Asked parent/caregiver for help if needed.	**1 0**	
10.	Read measurement to the nearest ¼, ½, or ¾ inch.	**2 0**	
11.	Repeated the measurement.	**4 0**	
12.	Averaged the two readings for a final head circumference measurement.	**2 0**	
13.	**CHEST CIRCUMFERENCE:** For infant: Placed flexible measuring tape under the child at the nipple line while the child is lying down. For child 2 or 3 years: Child may sit or stand on their own, used the nippleline.	**1 0**	
14.	Asked parent/caregiver for help if needed.	**1 0**	
15.	Joined flexible measuring tape at the zero mark - midsternal at the nipple level.	**1 0**	
16.	Read measurement to the nearest ¼, ½, or ¾ inch.	**2 0**	
17.	Documented the head circumference on the growth chart and chest circumference in the patient's chart.	**4 0**	
18.	Washed hands or used alcohol-based hand-rub for hand hygiene.	**2 0**	
19.	Used appropriate verbal and nonverbal communication with patient /caregiver and other personnel.	**2 0**	
	TOTAL POINTS – SKILL IV 70% Mastery for Skill IV = 23.1	**33**	

The expectation is that competitors read and are aware of all the content within these guidelines and associated links. Successful competitors will study all links for detailed information.

Birth to 36 months: Boys
Length-for-age and Weight-for-age percentiles

NAME _____

RECORD # _____



Published May 30, 2000 (modified 4/20/01).
SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000).
http://www.cdc.gov/growthcharts

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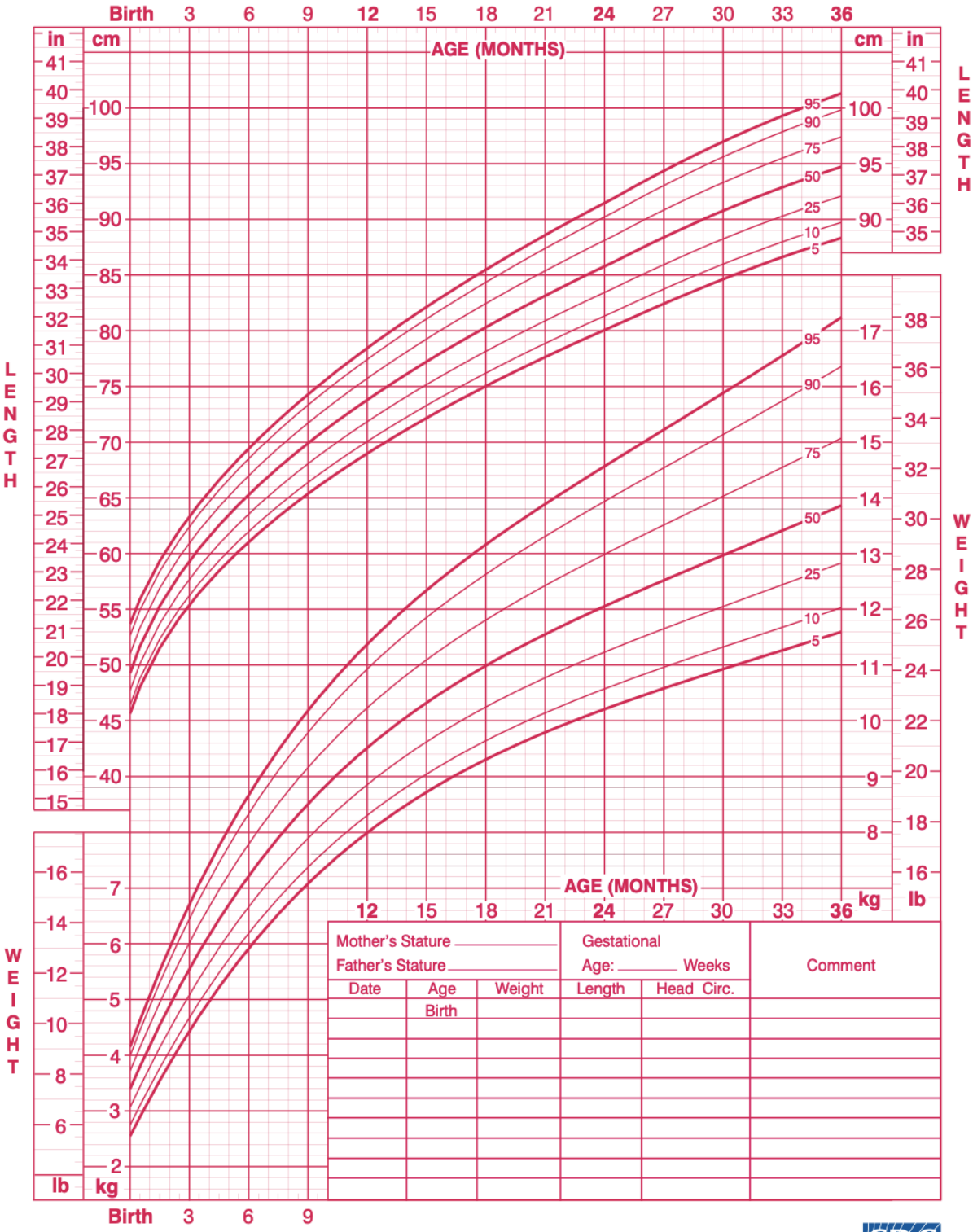
The expectation is that competitors read and are aware of all the content within these guidelines and associated links. Successful competitors will study all links for detailed information.

Birth to 36 months: Girls
Length-for-age and Weight-for-age percentiles

NAME _____

RECORD # _____



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CDC
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Medical Assisting

Skill V: Prepare/Assist with a Routine Physical Exam

Time: 6 minutes

Competitor #:_____ **Division:** _____SS _____PS/C **Judge's Signature:**_____

	Skill V: Prepare/Assist with a Routine Physical Exam	**Possible**	**Awarded**
1.	Assessed and prepared the exam room.	**1 0**	
2.	Reviewed the patient's chart for the completed history and physical examination form.	**1 0**	
3.	Washed hands or used alcohol-based hand-rub for hand hygiene.	**2 0**	
4.	Prepared the examination equipment, as directed in the scenario, on the Mayo tray or countertop in order of use, and covered with a towel.	**1 0**	
5.	Pulled out the step from the table (if possible) and placed a gown and drape on the table.	**1 0**	
6.	Called the patient to the exam room: a. Greeted the patient by name.	**1 0**	
	b. Introduced self and instructed the patient on what to do.	**2 0**	
	c. Verbalized the measurement of vital signs, height and weight.	**1 0**	
	d. Instructed patient to go the bathroom to empty bladder to obtain a urine specimen. Provided patient with a labeled specimen bottle and instructions to leave the specimen in the marked door in the bathroom.	**2 0**	
	Judge states that patient has complied with the request and returned to the exam room.		
	e. Instructed the patient to remove outer clothing, place it on the chair, put on the gown with the opening in the back, sit on the end of the table, and cover the legs with the drape, providing assistance as needed.	**2 0**	
	f. Ensured the patient was ready and notified the physician (judge).	**1 0**	
	Judge states to position the patient in horizontal recumbent position.		
7.	Positioned the patient in horizontal recumbent position with the head on a small pillow, arms flat at the sides, legs slightly apart with the patient covered by the drape left loose on the sides.	**1 0**	
	Judge states the examination is complete.		
8.	Helped the patient to a sitting position, alert to signs of dizziness. Adjusted the exam table as necessary.	**2 0**	

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Skill V: Continued...		Possible		Awarded
9.	Instructed the patient to dress or assisted as needed.	1	0	
10.	Provided patient instructions as directed by the physician (judge), asked the patient if they had any questions, and saw the patient out.	2	0	
11.	Used appropriate verbal and nonverbal communication with patient and other personnel.	2	0	
12.	Properly cleaned the room: a. Put on gloves to wrap up table paper and dispose of disposable supplies in appropriate waste containers.	2	0	
	b. Disinfected tabletops and examination table.	2	0	
	c. Discarded gloves in the appropriate container.	2	0	
	d. Replaced used supplies and covered table and pillow with clean paper.	2	0	
	e. Washed hands or used alcohol based hand-rub for hand hygiene.	2	0	
	TOTAL POINTS -- SKILL V 70% Mastery for Skill V = 23.1	**33**		

Medical Assisting

Skill VI: Screen for Visual Acuity

Time: 5 minutes

Competitor #:_____ **Division:** _____SS _____PS/C **Judge's Signature:**_____

	Skill VI: Screen for Visual Acuity	**Possible**		**Awarded**
1.	Washed hands or used alcohol based hand-rub for hand hygiene.	**2**	**0**	
2.	Greeted patient and introduced self.	**1**	**0**	
3.	Identified patient.	**2**	**0**	
4.	Noted if the patient is wearing glasses or asked the patient if they are wearing contact lenses.	**1**	**0**	
5.	Explained to the patient that they are to read each line from the chart as it is pointed out using a pointer, and to keep both eyes open while covering one eye.	**2**	**0**	
6.	Directed the patient where to stand and asked the patient to read the chart with both eyes open and standing 20 feet from chart.	**1**	**0**	
7.	Asked the patient to cover the left eye with an occluder and read the chart with the right eye, using corrective lenses as needed.	**1**	**0**	
8.	Recorded the smallest line the patient could read with one or fewer mistakes.	**4**	**0**	
9.	Asked the patient to cover the right eye with an occluder and read the chart with the left eye, using corrective lenses as needed.	**1**	**0**	
10.	Recorded the smallest line the patient could read with one or fewer mistakes.	**4**	**0**	
11.	Recorded an observation of individual accommodations made to read chart, such as squinting or turning the head.	**4**	**0**	
12.	Directed the patient to sit up straight but comfortably in a chair in a well-lighted area.	**1**	**0**	
13.	Handed the patient the Jaeger chart and directed the patient to hold the chart approximately 14-16 inches from the eyes.	**1**	**0**	
14.	Instructed the patient to read out loud the various paragraphs they can read with both eyes open, first with corrective lenses and then without.	**2**	**0**	
15.	Recorded the results and problems (if any) on the patient's chart.	**4**	**0**	
16.	Thanked the patient. Asked if the patient had any questions.	**2**	**0**	
17.	Used appropriate verbal and nonverbal communication with patient and other personnel.	**2**	**0**	

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Skill V: Continued...		Possible		Awarded
18.	Cleaned the supplies following agency policy and returned them to proper storage.	2	0	
19.	Washed hands or used alcohol-based hand-rub for hand hygiene.	2	0	
	TOTAL POINTS -- SKILL VI 70% Mastery for Skill VI =27.3	39		

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Medical Assisting

Skill VII: Test Urine with Reagent Strip

Time: 6 minutes

Competitor #:_____ **Division:** _____SS _____PS/C **Judge's Signature:**_____

	Skill VII: Test Urine with Reagent Strip	**Possible**		**Awarded**
1.	Assembled necessary equipment and supplies.	**1**	**0**	
2.	Washed hands or used alcohol-based hand-rub for hand hygiene.	**2**	**0**	
3.	Donned disposable non-latex gloves and other PPE as required.	**2**	**0**	
4.	Verified that the name on the specimen container matched the name on the laboratory report form.	**2**	**0**	
5.	Gently rotated the container between hands to mix the urine specimen.	**1**	**0**	
6.	Held the reagent strip by the clear end.	**2**	**0**	
7.	Immersed the strip in the urine specimen, making sure all reagent areas are submersed.	**1**	**0**	
8.	Removed the strip immediately and tapped the edge of the strip lightly against the side of the specimen container to remove excess urine.	**1**	**0**	
9.	Turned the strip so that the reagent areas are facing you.	**1**	**0**	
10.	Held the strip horizontally near the color comparison charts on the reagent bottle.	**1**	**0**	
11.	Used their watch, to time the reagents and recorded all results on the laboratory report and read the reagent strip at the correct time intervals.	**1**	**0**	
12.	Placed strip on paper towel for judge verification of results.	**4**	**0**	
	Judge verified results match what is recorded on laboratory report.			
13.	Discarded the strip and any contaminated disposable supplies in appropriate receptacle.	**2**	**0**	
14.	Discarded urine specimen following agency protocol (verbalized).	**2**	**0**	
15.	Cleaned work area with surface disinfectant.	**2**	**0**	
16.	Removed and properly disposed of the gloves and other required PPE in the proper receptacle.	**2**	**0**	
17.	Washed hands or used alcohol-based hand-rub for hand hygiene.	**2**	**0**	
18.	Recorded the results for each section of the regent strip in the patient's chart.	**4**	**0**	
VII	**TOTAL POINTS -- SKILL** 70% Mastery for Skill VII = 23.1	**33**		

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COMPETITOR # _____

LABORATORY REPORT

SKILL VII: Test Urine with Reagent Strip

Patient Identification _____ DATE _____

SPECIMEN NO._____

CHEMICAL PROPERTIES OF URINE Two (2) to Ten (10) parameters*

_____

Reagent Strip	Observed Result	Normal Values
Leukocytes	_____	negative
Nitrite	_____	negative
Urobilinogen	_____	0.2-1.0
Protein	_____	negative
pH	_____	5.5-8.0
Blood	_____	negative
Specific gravity	_____	1.015 – 1.024
Ketone	_____	negative
Bilirubin	_____	negative
Glucose	_____	negative

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Medical Assisting

Skill VIII: Sterile Gloving

Time: 3 minutes

Competitor #:_____ **Division:-** _____SS _____PS/C **Judge's Signature:**_____

	Skill VIII: Sterile Gloving	Possible		Awarded
1.	Removed rings and watch. Washed hands for surgical asepsis (verbalized).	**2**	**0**	
2.	Opened sterile glove package. Placed it on a clean counter surface with the cuff end toward the body.	**2**	**0**	
3.	Grasped glove for dominant hand by fold of cuff with finger and thumb of non-dominant hand.	**2**	**0**	
4.	Inserted dominant hand, pulling glove on with other hand, keeping cuff turned back.	**2**	**0**	
5.	Placed gloved fingers under cuff of other glove.	**2**	**0**	
6.	Inserted non-dominant hand.	**2**	**0**	
7.	Eased glove on by pulling on inside fold of cuff.	**2**	**0**	
8.	Avoided touching the thumb of dominant hand to the outside cuff of the other glove where it has been contaminated.	**2**	**0**	
9.	Smoothed gloves over wrists and fingers for better fit and inspected gloves for tears or holes.	**2**	**0**	
10.	Kept hands above waist level.	**2**	**0**	
11.	Did not touch anything other than items in the sterile field.	**4**	**0**	
	***Judge states, "Skill is completed, remove gloves."**			
12.	Removed the gloves by pulling the glove off the dominant hand with the thumb and fingers at the palm and pulled the glove off inside-out without touching the contaminated side.	**2**	**0**	
13.	Slipped the ungloved hand into the inside top cuff of the gloved hand and slipped the glove off inside-out.	**2**	**0**	
14.	Disposed of the gloves in the appropriate container.	**2**	**0**	
15.	Washed hands or used alcohol-based hand-rub for hand hygiene.	**2**	**0**	
	TOTAL POINTS -- SKILL VIII 70% Mastery for Skill VIII= 22.4	**32**		

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Competitor ID#:

HOSA Clinic
Patient Chart

Date	Time	Notes

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